



Rock County Human Services Department
P. O. Box 1649, 3530 N. County Trunk F
Janesville, Wisconsin 53547-1649
Phone: 608/757-5271
Fax: 608/757-5374

ROCK COUNTY HUMAN SERVICES BOARD
Wednesday, March 11, 2015 – 4:30 p.m.

Rock County Health Care Center, 3rd Floor Conference Room, Janesville

AGENDA

1. Call Meeting to Order
2. Approval of Agenda
3. Approval of Minutes of Human Services Board Meeting of February 25, 2015 *
4. Citizen Participation
5. Submission of Committee Requests
6. Approval of Contracts, Transfers, and/or Encumbrances * – Ms. Mooren
7. Approval of Bills * – Mr. Zuehlke
8. Holiday Committee Follow Up – Ms. Day
9. Report on Foster Care – Mr. Horozewski
10. Director's Report *
11. Next Meeting: Wednesday, **March 25, 2015** at 4:30 p.m. at **Rock County Health Care Center, 3rd Floor Conference Room**, in Janesville, Wisconsin.
12. Adjourn

NOTE TO COMMITTEE MEMBERS: To ensure a quorum, please call the Administrative Secretary at 757-5271 if you are unable to attend the meeting.

* Attachment ** These items may be handed out at the meeting if not available for the mailing.

IND, CRC

Rock County Human Services Contract Review Cover Sheet

Date: February 23, 2015

Contract with: Clearview Behavioral Health Unit

Contract Start Date: 1/1/15 Expiration Date: 12/31/15

Executive Summary: Inpatient mental health services are a necessity for County clients who are experiencing a severe mental health crisis beyond the scope of our treatment capabilities. This contract is for the Behavioral Health Unit of Dodge County's nursing home and the 1:1 and 1:2 monitoring services within the unit.

Contract Amount: \$ Rate x Number of approved clients

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Standard Rate	\$325.00	Day	3.2%
1:2 Staffing + Standard Rate	\$450.00	Day	3.0%
1:1 Staffing + Standard Rate	\$572.00	Day	3.1%

Contract # HSD-2015-0102 New Contract: Yes Amendment/Addendum: _____

E-Contract Location: Year: 2015 Program: MED Folder Name: Clearview
(If different from above)

Expenditure/ Revenue Account Numbers: 36-3689-0000-62119 Crisis Contracted Services

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # _____

Covered by State Contract? No State Contract # _____

Was a Resolution Required No Resolution # _____

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? _____

031PL

2/23/15

npp

Rock County Human Services Contract Review Cover Sheet

Date: February 23, 2015

Contract with: Sun Valley Homes LLC

Contract Start Date: 1/1/2015 Expiration Date: 12/31/2016

Executive Summary: Effective January 1, 2015, Sun Valley Homes, LLC became Sun Valley Homes Beloit. The Department is amending this contract to reflect the new agency name and contract administrator. The rate and terms of the original contract will remain the same.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Sun Valley Terrace - CBRF	\$3,534.49	Month	0%
Sun Valley North - CBRF	\$3,365.20	Month	0%
Sun Valley East I & II - CBRF	\$3,725.00	Month	0%
Sun Valley West - CBRF	\$3,432.75	Month	0%

Contract #
HSD_2015_0031_A1 New Contract: No Amendment/Addendum: Yes

E-Contract Location: Year: 2015 Program: ACS CBRF Folder Name: _____
(If different from above)

Expenditure/ Revenue Account Numbers:

- 36-3666-0000-64604 Long Term Support
- 36-3668-0000-64604 Community Options Program (COP)
- 36-3674-0000-64604 COP Waiver
- 36-3675-0000-64604 Community Relocation Initiative
- 36-3678-0000-64604 Community Integration Program (CIP II)
- 36-3681-0000-64604 Nursing Home Diversion
- 36-3706-0000-64604 Community Support Program (CSP)

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # _____

Covered by State Contract? No State Contract # _____

Was a Resolution Required No Resolution # _____

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? _____

DB 1A

2/26/15

NAD

Rock County Human Services Contract Review Cover Sheet

Date: February 23, 2015

Contract with: Cozy Li'l Acre, Inc.

Contract Start Date: 1/1/2015 Expiration Date: 12/31/2015

Executive Summary: Rock County Human Services Department (RCHSD) has developed contracts with several providers for Community Based Residential Facilities. This is one of several providers from which Rock County clients may choose for such services. These service rates fall within the average of other contracted providers providing similar services.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
CBRF	\$3,166.24	Month	0%

Contract # HSD_2015_0008 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2015 Program: ACS CBRF Folder Name: _____
(If different from above)

Expenditure/ Revenue Account Numbers:

- 36-3666-0000-64604 Long Term Support
- 36-3668-0000-64604 Community Options Program (COP)
- 36-3674-0000-64604 COP Waiver
- 36-3675-0000-64604 Community Relocation Initiative
- 36-3678-0000-64604 Community Integration Program (CIP II)
- 36-3681-0000-64604 Nursing Home Diversion
- 36-3706-0000-64604 Community Support Program (CSP)

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # _____

Covered by State Contract? No State Contract # _____

Was a Resolution Required No Resolution # _____

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? _____

npo

Rock County Human Services Contract Review Cover Sheet

Date: February 25, 2015

Contract with: Brotoloc South, Inc.

Contract Start Date: 1/1/2015 Expiration Date: 12/31/2016

Executive Summary: Rock County Human Services is amending this contract to include a rate for the Hiddenview CBRF. This is one of several providers from which Rock County clients may choose for such services. These service rates fall on the high end of the average of other contracted providers providing similar services due to the clients placed having a higher level of needs.

Contract Amount: rate x service

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Hiddenview	\$5,743.57	Month	New
Strawberry Hill	\$5,838.53	Month	NA
Prairie Village North	\$5,671.37	Month	NA
Prairie Village South	\$5,676.36	Month	NA
Rolling Meadows	\$5,535.83	Month	NA

Contract # HSD_2015_0005_AT New Contract: No Amendment/Addendum: Yes

E-Contract Location: Year: 2015 Program: ACS CBRF Folder Name: _____
(If different from above)

Expenditure/ Revenue Account Numbers:

- 36-3666-0000-64604 Long Term Support
- 36-3668-0000-64604 Community Options Program (COP)
- 36-3674-0000-64604 COP Waiver
- 36-3675-0000-64604 Community Relocation Initiative
- 36-3678-0000-64604 Community Integration Program (CIP II)
- 36-3681-0000-64604 Nursing Home Diversion
- 36-3706-0000-64604 Community Support Program (CSP)

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP# _____

Covered by State Contract? No State Contract # _____

Was a Resolution Required No Resolution # _____

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? _____

DB 1A

2/26/15

Ino

Rock County Human Services Contract Review Cover Sheet

Date: February 23, 2015

Contract with: Abilities, Inc.

Contract Start Date: 11/3/14 Expiration Date: 12/31/15

Executive Summary: Abilities Inc, will provide a supervised apartment for a client with significant special needs. Abilities staff members will be on site 24 hours a day to provide assistance, support, and skill building. Funds will be provided through the CSP funds. The contracted rate is in line with the client's assessed needs level.

Contract Amount: \$ rate x number of approved units

<u>Service</u>	<u>Rate</u>	<u>Unit</u>	<u>Change From Prior Year</u>
Supervised Apartment	\$12,911.75	Month	New

Contract # HSD_2014_0154 New Contract: Yes Amendment/Addendum: No

E-Contract Location: Year: 2014 Program: ACS Sub Apt Folder Name: _____
(If different from above)

Expenditure/ Revenue Account Numbers:

36-3706-0000-64604 Community Support Program (CSP)

Contact Person: Sara Mooren Phone: x8431

Were Bids or Quotations Solicited? No RFP # _____

Covered by State Contract? No State Contract # _____

Was a Resolution Required No Resolution # _____

Contract will be signed by: Human Services Board Chair

If "Other" ~ Who? _____

**ROCK COUNTY HUMAN SERVICES DEPARTMENT
DIRECTOR'S REPORT
Wednesday, March 11, 2015**

HSD MANAGEMENT TEAM MEETING – February 24, 2015

CALL TO ORDER

AGENDA ADDITIONS

MINUTE MODIFICATIONS

ASSIGNMENTS

ISSUES FOR DISCUSSION AND RESOLUTION

- **Budget**
- **Workgroup Updates**
- **Incentives**
- **Praise and Recognition**
- **HSD Staff Change Policy**
- **Job Center Request for a Saturday MH Fair**
- **Ensure Staff Receive Shredding Policy**
- **Staff Recognition Policy**
- **Social Worker Recognition Resolution**
- **Shift Differential**
- **Info From Department Head Meeting**
- **Phone Contact Card**
- **Outlook Conversion**

INFORMATION ITEMS

HSD Board Agenda

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt
36-3602-0000-61915 36-3602-0000	CERT/LIC/OTHER	P1501285	02/18/2015	WEST BEND MUTUAL INSURANCE COM	60.00
OVERHEAD	Budget 85.00	YTD Exp 0.00	YTD Enc 0.00	Pending 60.00	Closing Balance 25.00
36-3602-0000-62119 36-3602-0000	OTHER SERVICES	P1500670	02/13/2015	OFFICE PRO	45.07
OVERHEAD	Budget 32,037.00	YTD Exp 363.87	YTD Enc 2,794.82	Pending 45.07	Closing Balance 28,833.24
36-3602-0000-63100 36-3602-0000 36-3602-0000	OFC SUPP & EXP	P1500540 P1500587	02/25/2015 02/28/2015	E AND D WATER WORKS INC WISCONSIN DEPARTMENT OF JUSTIC	23.00 10.00
OVERHEAD	Budget 74,288.00	YTD Exp 8,382.36	YTD Enc 283.18	Pending 33.00	Closing Balance 65,589.46
36-3602-0000-63200 36-3602-0000	PUBL/SUBCR/DUES	P1501265	02/03/2015	WISCONSIN COUNTY HUMAN SERVICE	1,850.00
OVERHEAD	Budget 3,159.00	YTD Exp 1,226.95	YTD Enc 0.00	Pending 1,850.00	Closing Balance 82.05
36-3603-0000-64605 36-3603-0000	NON-REIMB EXP	P1501172	02/09/2015	AMERICAN AWARDS AND PROMOTIONS	34.95
SPECIAL HSD	Budget 6,500.00	YTD Exp 434.80	YTD Enc 0.00	Pending 34.95	Closing Balance 6,030.25
36-3603-0000-64908 36-3603-3015	CONTRIBUTIONS	P1501297	02/27/2015	CADD,PEG	216.18
SPECIAL HSD	Budget 8,000.00	YTD Exp 84.49	YTD Enc 0.00	Pending 216.18	Closing Balance 7,699.33
36-3604-0000-62176 36-3604-0000	LABORATORY	P1500574	01/31/2015	REDWOOD TOXICOLOGY LABORATORY	186.68
ECONOMIC SUPPORT	Budget 1,200.00	YTD Exp 0.00	YTD Enc 186.67	Pending 186.68	Closing Balance 826.65
36-3634-0000-62119 36-3634-5014 36-3634-5014 36-3634-5014 36-3634-5015 36-3634-5015 36-3634-5015	OTHER SERVICES	P1500566 P1501306 P1501309 P1500566 P1501307 P1501308	01/31/2015 02/16/2015 02/18/2015 01/31/2015 02/18/2015 02/18/2015	ORION FAMILY SERVICES ABA OF WISCONSIN ILLINOIS LLC META HOUSE ORION FAMILY SERVICES HOPE CHILD AND FAMILY COUNSELI HOPE CHILD AND FAMILY COUNSELI	7,188.58 2,300.00 555.00 18,201.75 420.00 2,520.00
CPS	Budget 109,990.00	YTD Exp 5,220.36	YTD Enc 45,529.30	Pending 31,185.33	Closing Balance 28,055.01
36-3634-0000-62503 36-3634-0000	INTERPRETER FEES	P1500641	02/03/2015	SWITS LTD	715.00

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
CPS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	1,500.00		0.00	714.99	715.00	70.01
36-3634-0000-63300	TRAVEL					
36-3634-0000			02/25/2015	SPATARO-HAYNES,CIERRENA		107.53
CPS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	185,000.00		21,222.90	0.00	107.53	163,669.57
36-3634-0000-64200	TRAINING EXP					
36-3634-0000		P1501176	02/17/2015	LECC TRAINING FUND		120.00
36-3634-0000		P1501179	02/17/2015	INTERTRIBAL CHILD WELFARE TRAI		160.00
CPS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	17,691.00		8,344.71	718.00	280.00	8,348.29
36-3634-0000-64604	PROGRAM EXPENSE					
36-3634-1803		P1501296	02/02/2015	META HOUSE		5,735.00
36-3634-1803		P1501300	02/27/2015	SPEEDWAY LLC		400.00
36-3634-1803		P1501301	02/27/2015	KWIK TRIP STORES		400.00
36-3634-1814		P1501299	02/10/2015	THE FREE PRESS		31.62
36-3634-5000		P1500587	02/28/2015	WISCONSIN DEPARTMENT OF JUSTIC		241.00
CPS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	107,748.00		14,804.10	37,469.61	6,807.62	48,666.67
36-3636-0000-64604	PROGRAM EXPENSE					
36-3636-0000		P1500577	02/06/2015	SENTRY FOOD STORE		58.36
36-3636-0000		P1500639	02/10/2015	SHOPKO INC #130		61.95
INDEPEND LIVING	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	8,150.00		62.86	120.29	120.31	7,846.54
36-3637-0000-64604	PROGRAM EXPENSE					
36-3637-2015		P1501163	02/16/2015	YES		150.00
HOME VISITATION	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	2,000.00		7,865.00	0.00	150.00	(6,015.00)
36-3641-0000-64604	PROGRAM EXPENSE					
36-3641-0000		P1501284	01/31/2015	CHILDRENS SERVICE SOCIETY OF W		9,437.00
BRIGHTER FUTURES	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	147,644.00		1,845.00	66,438.00	9,437.00	69,924.00
36-3646-0000-62119	OTHER SERVICES					
36-3646-5015		P1500566	01/31/2015	ORION FAMILY SERVICES		1,856.46
JUVENILE JUSTICE	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	185,613.00		6,231.63	26,291.50	1,856.46	151,233.41
36-3646-0000-62176	LABORATORY					
36-3646-0000		P1500574	01/31/2015	REDWOOD TOXICOLOGY LABORATORY		2,059.28

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
JUVENILE JUSTICE		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		2,500.00	265.60	2,324.86	2,059.28	(2,149.74)
36-3646-0000-64200	TRAINING EXP					
36-3646-0000		P1501118	02/11/2015	LECC TRAINING FUND		80.00
JUVENILE JUSTICE		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		2,775.00	317.41	10.00	80.00	2,367.59
36-3646-0000-64604	PROGRAM EXPENSE					
36-3646-0000		P1500534	02/25/2015	BELOIT TRANSIT SYSTEM		455.00
JUVENILE JUSTICE		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		12,245.00	500.00	454.99	455.00	10,835.01
36-3655-0000-64604	PROGRAM EXPENSE					
36-3655-0000		P1500587	02/28/2015	WISCONSIN DEPARTMENT OF JUSTIC		205.00
KINSHIP CARE		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		2,000.00	16.00	204.99	205.00	1,574.01
36-3656-0000-64604	PROGRAM EXPENSE					
36-3656-0000			02/25/2015	SINGER,JENNA		86.38
COMM INTERV PRGM		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		0.00	0.00	0.00	86.38	(86.38)
36-3659-0000-62119	OTHER SERVICES					
36-3659-0000		P1501298	02/16/2015	MARTYNA,BRYN L		1,300.00
DMC		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		0.00	2,100.00	0.00	1,300.00	(3,400.00)
36-3664-0000-61915	CERT/LIC/OTHER					
36-3664-0000		P1500538	02/19/2015	DEAN HEALTH SYSTEMS		1,008.00
YOUTH SERVICES		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		5,169.00	92.00	1,099.98	1,008.00	2,969.02
36-3664-0000-62119	OTHER SERVICES					
36-3664-0000		P1500547	02/13/2015	INTERIM HEALTHCARE OF WISCONSI		1,438.25
36-3664-0000		P1501180	02/03/2015	ADVANCED CORRECTIONAL HEALTHCA		8,568.59
YOUTH SERVICES		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		25,000.00	4,855.63	10,938.25	10,006.84	(800.72)
36-3664-0000-63400	OPERATING SUPPLI					
36-3664-0000		P1500535	02/05/2015	BOB BARKER COMPANY INC		249.80
36-3664-0000		P1500633	02/04/2015	DE VERE COMPANY INC		348.53
36-3664-0000		P1501065	02/12/2015	BANDT COMMUNICATIONS INC		941.00
36-3664-0000		P1501124	02/10/2015	AMERICAN HOTEL REGISTER CO		675.36
YOUTH SERVICES		Budget	YTD Exp	YTD Enc	Pending	Closing Balance
		44,734.00	2,766.26	1,794.38	2,214.69	37,968.67
36-3666-0000-64200	TRAINING EXP					

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3686-0000		P1500999	02/13/2015	PESI	189.99	
LTS - ACS	Budget 2,505.00		YTD Exp 398.99	YTD Enc 0.00	Pending 189.99	Closing Balance 1,916.02
36-3671-0000-64604	PROGRAM EXPENSE					
36-3671-0000		P1501068	02/20/2015	PESI	89.99	
ELDER ABUSE/NEG	Budget 40,400.00		YTD Exp 2,939.28	YTD Enc 0.00	Pending 89.99	Closing Balance 37,370.73
36-3683-0000-64604	PROGRAM EXPENSE					
36-3683-0000		P1501206	02/19/2015	AZURA MEMORY CARE	100.00	
ADRC	Budget 30,000.00		YTD Exp 329.12	YTD Enc 4,594.50	Pending 100.00	Closing Balance 24,976.38
36-3689-0000-64604	PROGRAM EXPENSE					
36-3689-0000			02/18/2015	HAWBECKER,BRAD	8.00	
36-3689-0000		P1500638	02/14/2015	MARCUS,JEFFREY A	1,400.00	
36-3689-0002			01/28/2015	TURNER,STEWART	450.00	
36-3689-0002			02/13/2015	MOTEL 6	251.93	
36-3689-0002		P1500640	02/13/2015	SRB PROPERTY MANAGEMENT LLC	150.00	
36-3689-0004		P1500546	02/06/2015	HOMECARE PHARMACY LLC	64.97	
36-3689-0004		P1500551	02/05/2015	KEALEY PHARMACY	98.80	
36-3689-1226		P1501288	01/01/2015	HEARTWARMING HOUSE	3,624.37	
36-3689-1226		P1501289	02/01/2015	HEARTWARMING HOUSE	3,624.37	
CRISIS	Budget 421,300.00		YTD Exp 10,320.99	YTD Enc 3,358.73	Pending 9,672.44	Closing Balance 397,947.84
36-3690-0000-61915	CERT/LIC/OTHER					
36-3690-0000		P1501230	01/01/2015	CHESTNUT HEALTH SYSTEMS	100.00	
OUTPATIENT SER	Budget 1,604.00		YTD Exp 944.00	YTD Enc 0.00	Pending 100.00	Closing Balance 560.00
36-3690-0000-62170	PHYSICIAN/OTHER					
36-3690-0000		P1500638	02/14/2015	MARCUS,JEFFREY A	1,960.00	
OUTPATIENT SER	Budget 139,540.00		YTD Exp 8,850.00	YTD Enc 91,960.00	Pending 1,960.00	Closing Balance 36,770.00
36-3690-0000-64200	TRAINING EXP					
36-3690-5033		P1501264	02/24/2015	WILGOCKI MS SC,JENNIFER	250.00	
OUTPATIENT SER	Budget 13,170.00		YTD Exp 4,736.07	YTD Enc 0.00	Pending 250.00	Closing Balance 8,183.93
36-3697-0000-64604	PROGRAM EXPENSE					
36-3697-0000			02/24/2015	SINGER,JENNA	14.50	
36-3697-0000		P1500637	02/24/2015	JANESVILLE TRANSIT SYSTEM	29.00	
CFIS	Budget 6,000.00		YTD Exp 962.50	YTD Enc 28.99	Pending 43.50	Closing Balance 4,965.01

36-3702-0000-64604 PROGRAM EXPENSE

COMMITTEE: SS - HUMAN SERVICES

page 4 of 7

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3702-0000		P1500540	01/26/2015	E AND D WATER WORKS INC	46.25	
36-3702-0000		P1500561	01/27/2015	NORTHERN TOWN MOTEL	55.00	
36-3702-0000		P1501063	02/13/2015	ECONOLOGDE	195.00	
36-3702-0000		P1501286	01/25/2015	CHARTER COMMUNICATIONS	84.40	
DRUG COURT	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	35,723.00		4,704.90	6,536.63	380.65	24,100.82
36-3702-0000-67160	CA \$500-\$4,999					
36-3702-0000		P1501305	02/12/2015	JWC BUILDING SPECIALTIES INC	3,469.00	
DRUG COURT	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	5,565.00		6,380.15	0.00	3,469.00	(4,284.15)
36-3704-0000-62176	LABORATORY					
36-3704-0000		P1500574	01/31/2015	REDWOOD TOXICOLOGY LABORATORY	5,137.89	
IDP	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	40,000.00		0.00	5,137.88	5,137.89	29,724.23
36-3705-0000-64604	PROGRAM EXPENSE					
36-3705-0000			02/24/2015	LAKE-CISMESIA, AMANDA	50.19	
JJ AODA	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	11,134.00		798.00	943.21	50.19	9,342.60
36-3707-0000-64604	PROGRAM EXPENSE					
36-3707-0000		P1500641	02/03/2015	SWITS LTD	280.00	
CCS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	87,500.00		0.00	279.99	280.00	86,940.01
36-3730-0000-62400	R & M SERV					
36-3730-1000		P1500557	02/23/2015	MENARDS	29.28	
36-3730-1000		P1501287	02/11/2015	CITY GLASS CO INC	575.00	
36-3730-1000		P1501290	02/24/2015	SHERWIN WILLIAMS	302.35	
36-3730-1000		P1501291	02/09/2015	SHERWIN WILLIAMS	263.72	
JOB CENTER	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	137,291.00		3,464.01	29.28	1,170.35	132,627.36

transfer wiring

I have examined the preceding bills and encumbrances in the total amount of **\$93,394.32**
 Claims covering the items are proper and have been previously funded. These items are to be treated as follows:
 A. Bills and encumbrances over \$10,000 referred to the Finance Committee and County Board.
 B. Bills under \$10,000 to be paid.
 C. Encumbrances under \$10,000 to be paid upon acceptance by the Department Head.

Date: _____ Dept Head _____
 _____ Committee Chair _____

05850302

Rock County HSD

COMMITTEE APPROVAL REPORT

03/03/2015

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
00-0000-0000-25233	HUM SER SUB CARE					
00-0000-0010			03/01/2015	SOCIAL SECURITY ADMINISTRATION	689.41	
00-0000-0010			03/01/2015	SOCIAL SECURITY ADMINISTRATION	83.78	
	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	0.00		(5,883.14)	0.00	773.19	5,109.95

I have examined the preceding bills and encumbrances in the total amount of \$773.19

~~Claims covering the items are proper and have been previously funded. These items are to be treated as follows:~~

- A. Bills and encumbrances over \$10,000 referred to the Finance Committee and County Board.
- B. Bills under \$10,000 to be paid.
- C. Encumbrances under \$10,000 to be paid upon acceptance by the Department Head.

Date:

Dept Head _____

Committee Chair _____

05550302

Account Number	Account Name	PO#	Inv Date	Vendor Name	Inv/Enc Amt	
36-3634-0000-64604	PROGRAM EXPENSE					
36-3634-1724			03/01/2015	CADD,PEG	250.00	
36-3634-1724			03/01/2015	LUBKE,KATIE J	150.00	
36-3634-1724			03/01/2015	VETTER,JOAN	250.00	
36-3634-1803			03/01/2015	YMCA OF NORTHERN ROCK COUNTY	120.00	
CPS	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	107,748.00		14,034.10	43,795.24	770.00	49,148.66

36-3642-0000-64604	PROGRAM EXPENSE					
36-3642-0000		P1501295	03/01/2015	CREATIVE CHILDRENS LEARNING CE	72.42	
REUN SUPPORT	Budget		YTD Exp	YTD Enc	Pending	Closing Balance
	148,896.00		4,372.94	752.36	72.42	143,698.28

I have examined the preceding bills and encumbrances in the total amount of **\$842.42**
 Claims covering the items are proper and have been previously funded. These items are to be treated as follows:
 A. Bills and encumbrances over \$10,000 referred to the Finance Committee and County Board,
 B. Bills under \$10,000 to be paid.
 C. Encumbrances under \$10,000 to be paid upon acceptance by the Department Head.

Date: _____ Dept Head _____
 Committee Chair _____