

Dane County Human Services

Monthly Client Service Report (610 Form)

version 4.3.3

Provider Name : <u>Care Van Services Inc</u> Address : <u>P.O. Bbox 52 Mt Horeb WI 53572</u> Prepared by : <u>Kristi Schulenberg</u> Telephone : <u>608-437-8989</u> Fax : <u>608-437-8985</u> E-Mail : carevanservice@charter.net	Report For : <u>Feb - 2015</u> <small>(Enter as mm / dd / yyyy)</small> Beginning Census : <u>0</u> + Openings : <u>0</u> - Closings : <u>0</u> = Ending Census : <u>0</u> Grand Total : <u>0.00</u> Error Check ran on : <u>03/02/2015 10:13:48 AM</u>
DCDHS IDENTIFYING INFORMATION (Requested from DCDHS Staff) Provider Number : <u>721</u> Program Number : <u>1960</u> Data Entry Contact : <u>Doug Hunt - Peter Zander</u> Program Area : <u>Transportation</u> <input type="checkbox"/>	

Data Row	CONSUMER INFORMATION				OPENING INFORMATION				CLOSING INFORMATION						
	New	Close	Client Name (Last, First M.I.)	Client Number	Units	Starting Date	Target Group	Client Characteristics			Diagnosis	Closing Date	SPC End Reason	Income < \$15K (x)	Living Alone (x)
1								1st	2nd	3rd					

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DCDHS IDENTIFYING INFORMATION (Requested from DCDHS Staff) Provider Number : <u>721</u> Program Number : <u>1961</u> Data Entry Contact : <u>Doug Hunt - Peter Zander</u> Program Area : <u>Transportation</u>	

Data Row	CONSUMER INFORMATION				OPENING INFORMATION				CLOSING INFORMATION						
	New	Close	Client Name (Last, First M.I.)	Client Number	Units	Starting Date	Target Group	Client Characteristics			Diagnosis	Closing Date	SPC End Reason	Income < \$15K (x)	Living Alone (x)
								1st	2nd	3rd					
1					39	06/01/2010	01	26			318.00				
2					38	06/07/2013	01	25			319				
3					37	06/01/2010	01	26			317.00				
4					38	06/01/2010	01	26			319.00				
5					31	05/01/2013	01	26			319				
6					0	06/01/2010	01	26			319.00				
7					40	04/22/2013	01	26			319				
8					20	04/22/2013	01	26			319				
9					0	06/01/2010	01	26			318.00				
10					16	06/07/2013	01	26			319				
11					3	07/29/2014	01	28			319				

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DCDHS IDENTIFYING INFORMATION (Requested from DCDHS Staff) Provider Number : <u>721</u> Program Number : <u>3877</u> Data Entry Contact : <u>Doug Hunt - Peter Zander</u> Program Area : <u>Transportation</u>	

Data Row	CONSUMER INFORMATION				OPENING INFORMATION					CLOSING INFORMATION					
	New	Close	Client Name (Last, First M.I.)	Client Number	Units	Starting Date	Target Group	Client Characteristics 1st 2nd 3rd			Diagnosis	Closing Date	SPC End Reason	Income < \$15K (x)	Living Alone (x)
1					32	01/01/2000	01	26	23		319.00				
2					40	06/07/2012	01	26			319				
3					10	06/09/2011	01	26			319.00				
4					28	07/30/2012	01	23			319.00				
5					23	06/16/2003	01	26			318.00				
6					0	06/01/2010	01	26			319.00				
7					38	06/01/2010	01	26			319.00				
8					0	01/01/2001	01	26			319.00				
9					20	03/05/2012	01	35			319.00				
10					17	06/07/2013	01	26			319				
11					20	11/02/2014	01	26			319				

VENDOR NAME <i>Case Van Service Inc.</i>	VENDOR NUMBER	REMIT NUMBER
VENDOR ADDRESS <i>PO. Box 52 Mt. Horeb, WI 53512</i>	PAYMENT VOUCHER DANE COUNTY, WISCONSIN	

VENDOR INVOICE NO.	VENDOR INVOICE DATE	DESCRIPTION OF ARTICLE, MATERIALS, OR SERVICES	TOTAL
		<u>February 2015</u>	
<i>0 units</i>	<i>2-1-15</i>	<i>Sts Standard #1960</i>	<i>0</i>
<i>262 units</i>		<i>Sts Non-Standard #1960 @ 11.26</i>	<i>\$ 2,950.12</i>
<i>228 units</i>		<i>Exceptional #3877 @ 16.56</i>	<i>\$ 3,775.68</i>
			<i>\$ 6,725.80</i>

I hereby certify that the above itemized claim for *6,725.80* Dollars (\$*6,725.80*) is true and correct and no portion of the same has been paid.

CERTIFIED BY (Signature) *Justin Schellenberg*
 TITLE *president*
 DATE *3-1-15*

Line No.	ORGANIZATION	OBJECT	PROJECT	PURCHASE ORDER NUMBER	LINE NO.	Full/Partial Payment	AMOUNT
01							
02							<i>dk</i>
03							<i>254</i>
04							<i>3/11/15</i>
05							
06							
07							
08							
09							
10							
TOTAL							

The above is hereby approved for payment

COMMITTEE (IF REQUIRED)	FINANCE COMMITTEE	AGENCY (IF REQUIRED)