

VENDOR NAME <i>Care Van Service Inc</i>	VENDOR NUMBER	REMIT NUMBER
VENDOR ADDRESS <i>P.O. Box 52 Mt. Horeb, WI 53572</i>	PAYMENT VOUCHER DANE COUNTY, WISCONSIN	

VENDOR INVOICE NO.	VENDOR INVOICE DATE	DESCRIPTION OF ARTICLE, MATERIALS, OR SERVICES	TOTAL
<i>0 units</i>	<i>4/1/15</i>	<i>March 2015</i>	<i>0</i>
<i>245 units</i>		<i>sts standard #1960</i>	<i>2,758.70</i>
<i>228 units</i>		<i>sts Nonstandard #1961 (e # 11.26)</i>	<i>3,775.68</i>
		<i>Exceptional Rides #3877 (e # 16.56)</i>	<i># 6534.38</i>

I hereby certify that the above itemized claim for *6,534.38* Dollars (\$ *6,534.38*) is true and correct and no portion of the same has been paid.

CERTIFIED BY (Signature) *Maria Schelenberg*
 TITLE *President*
 DATE *4-1-15*

Line No.	ORGANIZATION	OBJECT	PROJECT	PURCHASE ORDER NUMBER	LINE NO.	Full/Partial Payment	AMOUNT
01							
02							<i>OK</i>
03							<i>DEA</i>
04							<i>4/8/15</i>
05							
06							
07							
08							
09							
10							
TOTAL							

The above is hereby approved for payment

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

VENDOR NAME Care Van Service Inc VENDOR ADDRESS P.O. Box 52 Mt. Horeb, WI 53572	VENDOR NUMBER 	REMIT NUMBER
PAYMENT VOUCHER DANE COUNTY, WISCONSIN		

VENDOR INVOICE NO.	VENDOR INVOICE DATE	DESCRIPTION OF ARTICLE, MATERIALS, OR SERVICES	TOTAL
		<u>March 2015</u>	0
0 units		sts standard #1960	
245 units	4/11	sts Nonstandard #1961 (e # 11.26)	2,758.70 ✓
228 units	15	Exceptional Rides #3877 (e # 16.56)	3,775.68 ✓
			# 6534.38 ✓

I hereby certify that the above itemized claim for 6,534.38 Dollars (\$ 6,534.38) is true and correct and no portion of the same has been paid.

CERTIFIED BY (Signature) Maria Schelenberg
 TITLE President
 DATE 4-1-15

Line No.	ORGANIZATION	OBJECT	PROJECT	PURCHASE ORDER NUMBER	LINE NO.	Full/Partial Payment	AMOUNT
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
TOTAL							

The above is hereby approved for payment

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

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>Mar - 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>04/06/2015 10:04:28 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					

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. Box 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>Mar - 2015</u> (Enter as mm / dd / yyyy) Beginning Census : <u>11</u> + Openings : <u>1</u> - Closings : <u>1</u> = Ending Census : <u>11</u> Grand Total : <u>245.00</u> Error Check ran on : <u>04/06/2015 10:11:19 AM</u>
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)
1					38	06/01/2010	01	26			318.00				
2					37	06/07/2013	01	25			319				
3					39	06/01/2010	01	26			317.00				
4					34	06/01/2010	01	26			319.00				
5					30	05/01/2013	01	26			319				
6					0	06/01/2010	01	26			319.00				
7					40	04/22/2013	01	26			319				
8		x			0	04/22/2013	01	26			319	03/31/2015	06		
9					0	06/01/2010	01	26			318.00				
10	x				4	03/27/2015	01	26			319				
11					18	06/07/2013	01	26			319				
12					5	07/29/2014	01	28			319				

Dane County Human Services

Monthly Client Service Report (610 Form)

version 4.3.3

Provider Name : <u>Care Van Service Inc</u> Address : <u>P.O. Box 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>Mar - 2015</u> (Enter as mm / dd / yyyy) Beginning Census : <u>11</u> + Openings : <u>0</u> - Closings : <u>0</u> = Ending Census : <u>11</u> Grand Total : <u>228.00</u> Error Check ran on : <u>04/06/2015 10:13:53 AM</u>
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			Diagnosis	Closing Date	SPC End Reason	Income < \$15K (x)	Living Alone (x)
								1st	2nd	3rd					
1					36	01/01/2000	01	26	23		319.00				
2					39	06/07/2012	01	26			319				
3					13	06/09/2011	01	26			319.00				
4					32	07/30/2012	01	23			319.00				
5					24	06/16/2003	01	26			318.00				
6					0	06/01/2010	01	26			319.00				
7					34	06/01/2010	01	26			319.00				
8					0	01/01/2001	01	26			319.00				
9					14	03/05/2012	01	35			319.00				
10					17	06/07/2013	01	26			319				
11					19	11/02/2014	01	26			319				