

Dane County Human Services

Monthly Client Service Report (610 Form)

version 4.3.3

Provider Name : Transit Solutions, Inc
 Address : 173 E Badger Rd, Madison, WI 53713
 Prepared by : Jamie Mortenson
 Telephone : (608) 294-8747 Fax : (608) 288-8934
 E-Mail : jlmortenson@hotmail.com

Report For : Feb - 2015
 (Enter as mm / dd / yyyy)

Beginning Census : 3 + Openings : 0
 - Closings : 0 = Ending Census : 3

DCDHS IDENTIFYING INFORMATION (Requested from DCDHS Staff)

Provider Number : 645 Program Number : 1957
 Data Entry Contact : Doug Hunt - Peter Zander Program Area : Transportation

Grand Total : 28.00

Error Check ran on : 03/02/2015 3:36:25 PM

CONSUMER INFORMATION

OPENING INFORMATION

CLOSING INFORMATION

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					8	06/01/2014	01	23	27		319				
2					20	06/01/2012	01	23			319				
3					0	09/13/2013	01	23			319				

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Report For : Feb - 2015
 (Enter as mm / dd / yyyy)

Beginning Census : 39 + Openings : 0
 - Closings : 0 = Ending Census : 39

DCDHS IDENTIFYING INFORMATION (Requested from DCDHS Staff)

Provider Number : 645 Program Number : 1955
 Data Entry Contact : Doug Hunt - Peter Zander Program Area : Transportation

Grand Total : 704.00

Error Check ran on : 03/02/2015 3:41:19 PM

CONSUMER INFORMATION

OPENING INFORMATION

CLOSING INFORMATION

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)
1					40	01/01/2000	01	23	27					
2					0	07/09/2009	31	03			307			
3					40	07/01/2009	01	28			319			
4					40	01/01/2000	01	26			317			
5					0	06/01/2012	01	23			319			
6					24	06/01/2014	01	25			319			
7					2	07/01/2009	01	26			319			
8					34	01/01/2000	01	23	26		317			
9					14	06/01/2014	01	26			319			
10					0	07/31/2012	01	26			319			
11					14	05/13/2013	01	26			319			
12					40	01/01/2000	01	26						
13					26	06/13/2011	01	26			319			
14					0	07/08/2013	01	26			319			
15					20	11/26/2014	31	03			307			
16					40	06/01/2014	01	26			319			

Total 334.00

17					18	12/16/2013	01	28			319				
18					39	05/04/2004									
19					20	06/06/2011	01	26			319				
20					38	03/06/2013	01	28	23		319				
21					20	06/18/2013	01	23			319				
22					6	01/26/2015	31	03			307				
23					21	09/05/2013	01	23			319				
24					24	06/01/2014	01	26			319				
25					40	01/01/2000	18	18			290.4				
26					8	06/01/2014	01	26			319				
27					15	11/24/2014	01	26			319				
28					0	05/05/2003									
29					39	12/13/2010	1	26			319				
30					2	03/07/2013	01	26	23		319				
31					0	02/13/2012	01	28			319				
32					0	03/11/2009	31	02			295				
33					40	01/04/2010	01	26			319				
34					0	09/20/2010	31	03			295				
35					0	11/06/2014	01	26			319				
36					0	05/04/2009	31	02			307				
37					40	06/01/2014	01	26			319				
38					0	11/01/2013	01	28			319				
39					0	03/01/2011	01	26			319				

Total 290.00

VENDOR NAME Transit Solutions, Inc.
 VENDOR ADDRESS 173 E. Badger Rd.
Madison, WI 53713

VENDOR CODE _____
PAYMENT VOUCHER
DANE COUNTY, WISCONSIN

ATTENTION VENDOR: The Following Is Required For Payment.

- 1) AUTHORIZED SIGNATURE & ITEMIZATION ON THIS VOUCHER. OR 2) AN ITEMIZED INVOICE.

VENDOR INVOICE NO.	QUANTITY	DESCRIPTION OF ARTICLE, MATERIALS, OR SERVICES	UNIT PRICE	TOTAL
		<u>February 2015</u>		
✓ 2052 ^{DH} ✓ 2060 ✓ 704		STS standard PROGRAM 1954 Non standard PROGRAM 1955	✓ 7.50 ✓ 11.99	15,390.00 ^{DH} 15,450.00 8,440.96
✓ 207 ^{DH} ✓ 208 ✓ 28		Exceptional Rides Standard PROGRAM 1956 Non standard PROGRAM 1957	✓ 16.40 ✓ 34.98	3394.80 3,411.20 979.44
				28,281.60 ^{DH} \$ 28,205.20

I hereby certify that the above itemized claim for _____ Dollars (\$28,281.60) is true and correct and no portion of the same has been paid.

CERTIFIED BY (SIGNATURE) [Signature]
 TITLE President
 DATE 3-2-15

Line No.	COUNTY INVOICE NO. (ACCOUNTING ONLY)	Fund	Agency	Organization	Sub-Org.	Activity	Obj.	Sub-Obj.	Revenue Source	Sub-Rev.	JOB NUMBER	Reporting Category	BS Account	Disc. Type	AMOUNT	I / D	P / F
01																	
	DESCRIPTION																
02																	
	DESCRIPTION																
03																	
	DESCRIPTION																
04																	
05																	
06																	
07																	
08																	
09																	
10																	

TOTAL

THE ABOVE IS HEREBY APPROVED FOR PAYMENT

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

VOUCHER NO.

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Report For : Feb - 2015
 (Enter as mm / dd / yyyy)

Beginning Census : 16 + Openings : 0
 - Closings : 0 = Ending Census : 16

DCDHS IDENTIFYING INFORMATION (Requested from DCDHS Staff)

Provider Number : 645 Program Number : 1956
 Data Entry Contact : Doug Hunt Peter Zander Program Area : Transportation

Grand Total : 207.00

Error Check ran on : 03/11/2015 11:21:18 AM

CONSUMER INFORMATION

OPENING INFORMATION

CLOSING INFORMATION

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					20	06/01/2014	01	23			319				
2					23	02/02/2012	01	26			319				
3					0	07/01/2009	01	28			319				
4					0	06/02/2011	01	28			319				
5					11	09/09/2003	01	35							
6					32	06/23/2003	01	26							
7					12	09/02/2003	01	28							
8					20	07/12/2004	01	26							
9					0	06/01/2014	01	26			319				
10					16	07/07/2009	01	25			319				
11					18	06/12/2006		26			319				
12					4	07/01/2009	01	25			319				
13					0	05/07/2013	01	25			319				
14					0	05/01/2002	01								
15					19	07/30/2007	01	25			319				
16					32	01/01/2000									

Total
207.00

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Report For : Feb - 2015
 (Enter as mm / dd / yyyy)

Beginning Census : 108 + Openings : 0
 - Closings : 0 = Ending Census : 108

DCDHS IDENTIFYING INFORMATION (Requested from DCDHS Staff)

Provider Number : 645 Program Number : 1954
 Data Entry Contact : Doug Hunt - Peter Zander Program Area : Transportation

Grand Total : 2,052.00

Error Check ran on : 03/11/2015 11:22:55 AM

CONSUMER INFORMATION

OPENING INFORMATION

CLOSING INFORMATION

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					0	08/15/2005	31	03			307				
2					40	07/01/2009	01	28			319				
3					0	07/01/2009	01	28			319				
4					34	07/01/2009	01	28			319				
5					32	04/02/2009	01	23			319				
6					0	01/01/2000	01	26							
7					0	07/01/2009	31	03			307				
8					0	06/13/2011	01	26			319				
9					40	07/01/2009	01	28			319				
10					0	07/01/2009	01	25			319				
11					0	06/13/2005	01	26			319				
12					20	10/27/2014	01	28			319				
13					0	05/05/2003									
14					20	09/02/2014	01	26			319				
15					24	06/13/2011	01	25			319				
16					40	07/01/2009	01	28			319				

Total 250.00

