

# 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](mailto:jlmortenson@hotmail.com)

Report For : Mar - 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 : 27.00

Error Check ran on : 04/02/2015 12:03:00 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					10	06/01/2014	01	23	27		319				
2					17	06/01/2012	01	23			319				
3					0	09/13/2013	01	23			319				

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Report For : Mar - 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 : 209.00

Error Check ran on : 04/02/2015 12:04:11 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)	Living Alone (x)
1					19	06/01/2014	01	23			319				
2					25	02/02/2012	01	26			319				
3					0	07/01/2009	01	28			319				
4					0	06/02/2011	01	28			319				
5					12	09/09/2003	01	35							
6					17	06/23/2003	01	26							
7					12	09/02/2003	01	28							
8					21	07/12/2004	01	26							
9					0	06/01/2014	01	26			319				
10					14	07/07/2009	01	25			319				
11					22	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					21	07/30/2007	01	25			319				
16					42	01/01/2000									

Total 209.00

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

Beginning Census : 39 + Openings : 1  
 - Closings : 0 = Ending Census : 40

### 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 : 757.00

Error Check ran on : 04/02/2015 12:07:50 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					42	01/01/2000	01	23	27					
2					0	07/09/2009	31	03			307			
3					40	07/01/2009	01	28			319			
4					42	01/01/2000	01	26			317			
5					0	06/01/2012	01	23			319			
6					24	06/01/2014	01	25			319			
7					20	07/01/2009	01	26			319			
8					42	01/01/2000	01	23	26		317			
9					0	06/01/2014	01	26			319			
10					0	07/31/2012	01	26			319			
11					24	05/13/2013	01	26			319			
12					41	01/01/2000	01	26						
13					32	06/13/2011	01	26			319			
14					0	07/08/2013	01	26			319			
15					21	11/26/2014	31	03			307			
16					41	06/01/2014	01	26			319			

Total 369.00

17					22	12/16/2013	01	28			319				
18					32	05/04/2004									
19					21	06/06/2011	01	26			319				
20					41	03/06/2013	01	28	23		319				
21					20	06/18/2013	01	23			319				
22					0	01/26/2015	31	03			307				
23					41	09/05/2013	01	23			319				
24					24	06/01/2014	01	26			319				
25					20	01/01/2000	18	18			290.4				
26					5	06/01/2014	01	26			319				
27					13	11/24/2014	01	26			319				
28					0	05/05/2003									
29					41	12/13/2010	1	26			319				
30					3	03/07/2013	01	26	23		319				
31					0	02/13/2012	01	28			319				
32					0	03/11/2009	31	02			295				
33					42	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					42	06/01/2014	01	26			319				
38					0	11/01/2013	01	28			319				
39					0	03/01/2011	01	26			319				
40	x				21	03/01/2015	01	26			319				

Total 283.00

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Report For : Mar - 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 : 2,082.00

Error Check ran on : 04/02/2015 12:13:09 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)	Living Alone (x)
1					0	08/15/2005	31	03			307				
2					42	07/01/2009	01	28			319				
3					0	07/01/2009	01	28			319				
4					41	07/01/2009	01	28			319				
5					33	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					21	09/02/2014	01	26			319				
15					29	06/13/2011	01	25			319				
16					42	07/01/2009	01	28			319				

Total 268.00



65				41	07/01/2009	01	28			319				
66				28	05/05/2014	01	26			319				
67				42	06/09/2003	01	26							
68				41	07/01/2009	01	26			319				
69				0	07/01/2009	01	28			319				
70				0	11/14/2012	01	26			319				
71				19	07/30/2000									
72				20	04/04/2014	01	26			319				
73				0	02/01/2010	01	26			319				
74				42	07/01/2009	01	28			319				
75				0	01/01/2000	01	26	23						
76				40	07/01/2009	01	28			319				
77				6	12/16/2013	31	03			295				
78				42	07/01/2009	01	26			319				
79				38	12/19/2013	01	26			319				
80				26	03/03/2009	01	28			319				
81				8	07/07/2010	31	03			307				
82				0	10/01/2013	01	26			319				
83				29	04/11/2001									
84				0	04/19/2005	31	03			307				
85				0	07/01/2009	01	28			319				
86				0	06/27/2005	31	03			307				
87				20	07/01/2009	01	25			319				
88				8	05/22/2014	31	03			307				
89				40	07/01/2009	01	28			319				
90				41	07/01/2009	01	28			319				
91				17	07/12/2010	01	26			319				
92				0	09/10/2007	01	26			319				
93				0	09/30/2009	01	28			319				
94				0	07/01/2009	01	26			319				
95				0	07/01/2009	31	03			295				
96				0	01/01/2000									
97				0	07/01/2009	01	26			319				
98				0	07/01/2009	01	28			319				
99				28	07/01/2009	01	28			318				
100				40	07/01/2009	01	28			319				
101				42	06/03/2011	01	26			319				
102				8	01/21/2015	31	03			307				
103				0	01/01/2000									
104				0	09/17/2012	01	26			319				
105				16	07/01/2009	01	26			319				
106				42	07/01/2009	01	28			319				
107				0	07/01/2009	31	03			307				
108				33	07/01/2009	01	28			319				

Total 385.00

Total 163.00

VENDOR NAME <u>Transit Solutions, Inc.</u>	VENDOR CODE _____
VENDOR ADDRESS <u>173 E. Badger Rd.</u> <u>Madison, WI 53713</u>	<h2 style="margin: 0;">PAYMENT VOUCHER</h2> <h3 style="margin: 0;">DANE COUNTY, WISCONSIN</h3>

**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
		March 2015		
✓ 2082		STS Standard PROGRAM 1954	✓ 7.50	15,615.00
✓ 757		Non Standard PROGRAM 1955	✓ 11.99	9,076.43
✓ 209		Exceptional Rides Standard PROGRAM 1956	✓ 16.40	3,427.60
✓ 27		Non Standard PROGRAM 1957	✓ 34.98	944.46
				\$ 29,063.49

I hereby certify that the above itemized claim for _____ Dollars (\$ <u>29,063.49</u> ) is true and correct and no portion of the same has been paid.	CERTIFIED BY (SIGNATURE) <u>[Signature]</u> DATE <u>4-1-15</u> TITLE <u>President</u>
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Line No.	COUNTY INVOICE NO. (ACCOUNTING ONLY)	Fund	Agency	Organization	Sub-Obj.	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																	
<b>TOTAL</b>																	

THE ABOVE IS HEREBY APPROVED FOR PAYMENT

COMMITTEE (IF REQUIRED)	FINANCE COMMITTEE	AGENCY (IF REQUIRED)
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VOUCHER NO.