

Dane County Human Services

Monthly Client Service Report (610 Form)

version 4.3.3

Provider Name : We Care Transportation
 Address : 2889 Hwy MN - Unit 1 Stoughton, WI 53589
 Prepared by : Bob Newton
 Telephone : 608-838-8589 Fax : _____
 E-Mail : rkn2@frontier.com

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

Beginning Census : 4 + Openings : 0
 - Closings : 0 = Ending Census : 4

DCDHS IDENTIFYING INFORMATION (Requested from DCDHS Staff)

Provider Number : 962 Program Number : 4327
 Data Entry Contact : Doug Hunt - Peter Zander Program Area : Transportation

Grand Total : 54.00

Error Check ran on : 04/01/2015 8:59:21 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					42	12/01/2013	01	26			319.0				
2					0	09/30/2014	01	26			319.0				
3					0	02/08/2011	01	26			319.0				
4					12	09/02/2014	01	26			319.0				

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

Beginning Census : _____ + Openings : _____
 - Closings : _____ = Ending Census : _____

DCDHS IDENTIFYING INFORMATION (Requested from DCDHS Staff)

Provider Number : 962 Program Number : 4326
 Data Entry Contact : Doug Hunt - Peter Zander Program Area : Transportation

Grand Total : _____
 Error Check ran on : _____

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					42	02/13/2012	01	23			319.0				
2					0	02/14/2005	01	28			319.0				
3					41	06/01/2011	01	23			319.0				
4					16	09/07/2004	01	26			319.0				
5					0	07/01/2004	01	26			319.0				
6					0	02/13/2012	01	26			319.0				
7					0	11/13/2012	01	26			319.0				
8					42	06/01/2011	01	26			319.0				
9					21	07/01/2004	01	26			319.0				
10					22	07/01/2004	01	26			319.0				
11					41	04/02/2012	01	26			319.0				
12					40	02/13/2012	01	28			319.0				

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 Telephone : 608-838-8589 Fax : _____
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Report For : Mar - 2015
 (Enter as mm / dd / yyyy)

Beginning Census : 8 + Openings : 0
 - Closings : 0 = Ending Census : 8

DCDHS IDENTIFYING INFORMATION (Requested from DCDHS Staff)

Provider Number : 962 Program Number : 4325
 Data Entry Contact : Doug Hunt - Peter Zander Program Area : Transportation

Grand Total : 117.00

Error Check ran on : 04/01/2015 9:05:37 AM

CONSUMER INFORMATION

OPENING INFORMATION

CLOSING INFORMATION

Data Row	CONSUMER INFORMATION		Client Name (Last, First M.I.)	Client Number	Units	Starting Date	Target Group	OPENING INFORMATION			Diagnosis	Closing Date	SPC End Reason	Income < \$15K (x)	Living Alone (x)
	New	Close						1st	2nd	3rd					
1					0	07/01/2004	01	26			319.0				
2					23	07/20/2011	31	03			307.0				
3					40	06/01/2011	01	26			319.0				
4					0	02/13/2012	01	26			319.0				
5					0	12/19/2014	01	28			319.0				
6					0	02/13/2012	01	28			319.0				
7					42	01/06/2005	01	28			319.0				
8					12	06/01/2011	01	26			319.0				

VENDOR NAME <i>WE CARE TRANSPORTATION</i>	VENDOR NUMBER	REMIT NUMBER
VENDOR ADDRESS <i>2889 HWY MN - UNIT 1 STOUGHTON, WI. 53589</i>	PAYMENT VOUCHER DANE COUNTY, WISCONSIN	

VENDOR INVOICE NO.	VENDOR INVOICE DATE	DESCRIPTION OF ARTICLE, MATERIALS, OR SERVICES	TOTAL
PROGRAM 4325		STS STD $\checkmark 117 @ \$13.13 \checkmark$	\$ 1,536.21 \checkmark
PROGRAM 4327		EXCEPTIONAL NON STD $\checkmark 54 @ \$31.51 \checkmark$	\$ 1,701.54 \checkmark
PROGRAM 4326		EXCEPTIONAL STD $\checkmark 265 @ \$21.02 \checkmark$	\$ 5,570.30 \checkmark
<i>MARCH 2015 TRANSPORTS</i>			\$ 8,808.05 \checkmark

I hereby certify that the above itemized claim for <u>\$ 8,808.05</u> Dollars (\$ _____) is true and correct and no portion of the same has been paid.	CERTIFIED BY (Signature) <i>Robert K Newton</i>
	TITLE <i>ROBERT NEWTON</i> DATE <i>4/1/15</i>

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							

dk
TJA
4/3/15

The above is hereby approved for payment

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