



**Limited Secure Placement (LSP) Aftercare Services  
MONTHLY EXPENSE INVOICE  
Fiscal Year 2016**

AGENCY NAME: \_\_\_\_\_  
 BOROUGH SERVED: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_

CONTRACT NO.: \_\_\_\_\_  
 TAX ID NO.: \_\_\_\_\_  
 AGENCY INVOICE NUMBER/  
 was BUDGET ID: \_\_\_\_\_  
 MONTH/YEAR: \_\_\_\_\_

**Limited -Secure Placement (LSP) Aftercare Services**

(A) Budget Category	(B) Expenditures This Service Period	(C) Prior Months Total Expenditures	(D) Expenditures Y-T-D ( B + C )	(E) Budget	(F) Remaining Balance ( E - D )
<b>PERSONNEL SERVICES (PS)</b>					
<b>TOTAL SALARIES</b>					
Program Director			\$0.0		\$0.0
Supervisor			\$0.0		\$0.0
Therapist			\$0.0		\$0.0
Foster Recruiter/PDR caller			\$0.0		\$0.0
Admin Assist			\$0.0		\$0.0
Skills Coaches			\$0.0		\$0.0
<b>FRINGE BENEFITS (26.5%)</b>	\$0.0	\$0.0	\$0.0		\$0.0
<b>SUBTOTAL PS COSTS</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$0.0</b>
<b>OTHER THAN PERSONNEL SERVICES (OTPS)</b>					
<b>CONSULTANTS</b>					
Training			\$0.0		\$0.0
Mental Health			\$0.0		\$0.0
Substance Abuse			\$0.0		\$0.0
<b>DIRECT CLIENT SERVICES</b>					
Educational			\$0.0		\$0.0
Vocational			\$0.0		\$0.0
Mental Health and Clinical Services			\$0.0		\$0.0
Substance Abuse Treatment			\$0.0		\$0.0
Foster Parent per diem (\$85 per day)			\$0.0		\$0.0
Foster Parent Stipends (\$25 per day up to 90 days)			\$0.0		\$0.0
Recruitment			\$0.0		\$0.0
Other			\$0.0		\$0.0
<b>RENT AND UTILITIES</b>			\$0.0		\$0.0
<b>SUBTOTAL OTPS</b>	<b>\$0.0</b>	<b>\$0.0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL PS &amp; OTPS</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>ADMINISTRATIVE OVERHEAD 10%</b>	<b>\$0.0</b>	<b>\$0.0</b>			
<b>GRAND TOTAL:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**TOTAL:**

Limited Secure Placement (LSP) Aftercare (AC)	TOTAL AMOUNT SUBMITTED FOR LSP AC FOR CURRENT SERVICE PERIOD	\$ -
	ADJUSTMENTS	\$ -
	<b>GRAND TOTAL</b>	<b>\$ -</b>

We hereby certify that, to the best of our knowledge and belief, the information contained herein is correct, that it corresponds with the books and records of this agency, that the expenditures reported were in compliance with the intent of the program objectives approved by ACS, and that documentation is available to support this and will be available for audit.

NAME OF PREPARER \_\_\_\_\_

SIGNATURE OF PREPARER \_\_\_\_\_

DATE \_\_\_\_\_

NAME OF FISCAL DIRECTOR \_\_\_\_\_

SIGNATURE OF FISCAL DIRECTOR \_\_\_\_\_

DATE \_\_\_\_\_



**Limited Secure Placement (LSP) Aftercare Services**  
**MONTHLY EXPENSE INVOICE**  
**Fiscal Year 2016**

Agency Name: 0  
Service Period: \_\_\_\_\_  
Borough Served: 0

**Limited -Secure Placement (LSP) Aftercare Services**

Category	# of Children (Autosum)	% (Autopopulate)	Total Expenses (Autosum)
<b>1 Youth on Trial OR Final Discharge to Parent (s)/Guardian</b>			
(A) Under 16 years old	0	#DIV/0!	#DIV/0!
(B) Over 16 years old	0	#DIV/0!	#DIV/0!
<b>TOTAL</b>	<b>0</b>	<b>#DIV/0!</b>	<b>#DIV/0!</b>



**Limited Secure Placement Aftercare Services Under the Close To Home Initiative**  
**CONTRACT AGENCY CHILD SPECIFIC SCHEDULE**

Agency Name: 0  
Service Period \_\_\_\_\_  
Service Category #1: Youth on Trial OR Final Discharge to Parent (s)/Guardian  
Borough Served: 0

Serial #	Child Last Name	Child First Name	CIN #	D.O.B. (mm/dd/yyyy)	WMS Case ID#	Service Date(s)	Types of Services	(A) Under 16*	(B) Over 16*
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16					2				
17									
18									
19									
20									
<b>TOTAL:</b>								<b>0</b>	<b>0</b>

\*Field will autopopulate based on D.O.B. entered for the child.



**Limited Secure Placement Aftercare Services Under the Close To Home Initiative  
CONTRACT AGENCY CHILD SPECIFIC SCHEDULE**

Agency Name: 0  
 Service Period \_\_\_\_\_  
 Service Category #1: Youth on Trial OR Final Discharge to Foster Care Facility  
 Borough Served: 0

Serial #	Child Last Name	Child First Name	CIN #	D.O.B. (mm/dd/yyyy)	WMS Case ID#	Service Date(s)	Types of Services	(A) Under 16*	(B) Over 16*
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
<b>TOTAL:</b>								<b>0</b>	<b>0</b>

\*Field will autopopulate based on D.O.B. entered for the child.