COUNTY NAME: COUNTY NO.: QUARTER ENDING:

SERVICE	A EXPENDITURE	B S UNITS	HNIT	C EXPENDITURES	D	E TOTAL
SERVICE	PURCHASED	OF	TYPE	STAFF		EXPENDITURES
	SERVICE	PURCHASED		PROVIDED	STAFF	EXPENDITURES
1. CHILDREN'S SERVICES	SERVICE	SERVICE	SVC	SERVICE	SERVICE	<u> </u>
101 Information and Referral		XXXXXX	XXXX			
102 Community Education and Prevention		XXXXXX	XXXX			
104 Child Protection Assessment/Investigation			HOUR			
105 Long Term Care Consultation (LTCC)			HOUR*			
106 Parent Support Outreach Assessment			HOUR			
107 Child Welfare Assessment			HOUR			
108 Family Assessment Response			HOUR			
109 Concurrent Planning Assessment			HOUR			
115 Interpreter Services			HOUR			
116 Transportation		XXXXXX	XXXX			
118 Health-Related Services		XXXXXX	XXXX			
119 Court-Related Services and Activities			HOUR			
121 Legal Services			HOUR			
124 Home-Based Support Services			HOUR*			
125 Homemaking Services			HOUR*			
136 Consumer Support Grant		XXXXXX	XXXX			
139 Educational Assistance			HOUR			
141 Adaptive Aids or Special Equipment		XXXXXX	XXXX			
144 Housing Services		XXXXXX	XXXX			
145 Social and Recreational		XXXXXX	XXXX			
146 Adolescent Life Skills Training		XXXXXX	XXXX			
147 Independent Living Skills			HOUR			
155 Individual Counseling			HOUR			
156 Group Counseling			GRPHR*			
158 Approved Pilot Projects		XXXXXX	XXXX			
161 Family-Based Crisis Services			HOUR			
162 Family-Based Counseling Services			HOUR			
163 Family-Based Life Management Skills Services			HOUR			
164 Family Assessment Response Services		XXXXXX	XXXX			
165 Services for Concurrent Permanency Planning			HOUR			
166 Family Group Decision Making			HOUR			
167 Parent Support Outreach Services			HOUR			
171 Child Shelter			DAY			
180 Treatment Foster Care			DAY			
181 Child Family Foster Care			DAY			
182 Relative Custody Assistance		XXXXXX	XXXX			
183 Children's Group Residential Care		700000	DAY			
185 Correctional Facilities			DAY			
186 Detention			DAY			
189 Respite Care		XXXXXX	XXXX			
191 CAC/CADI/TBI Case Management		700000	HOUR			
192 Family Assessment Case Management			HOUR			
193 General Case Management			HOUR			
194 Relocation Service Coordination (RSC) - Targeted Case Management			HOUR			
196 Adoptions			HOUR			
197 Local Collaborative Undifferentiated Services		XXXXXX	XXXX			
198 Licensing and Resource Development		XXXXXX	XXXX			

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COUNTY NAME: COUNTY NO.: QUARTER ENDING:

SERVICE	A EXPENDITURES PURCHASED	B UNITS OF	UNIT TYPE	C EXPENDITURES STAFF		E TOTAL EXPENDITURES
	SERVICE	PURCHASED		PROVIDED	STAFF	LAI LINDITORLS
2. CHILD CARE		SERVICE	SVC	SERVICE	SERVICE	
201 Information and Referral		XXXXXX	XXXX			
202 Community Education and Prevention		XXXXXX	XXXX			
211 Basic Sliding Fee Child Care			HOUR*			
212 MFIP Child Care			HOUR*			
214 Other Child Care			HOUR*			
237 Statewide MFIP Employment Services		XXXXXX	XXXX			
258 Approved Pilot Projects		XXXXXX	XXXX			
293 General Child Care Case Management			HOUR			
298 Licensing and Resource Development		XXXXXX	XXXX			

(2) CHILD CARE PROGRAM SUBTOTAL \$ XXXXXX XXXX \$ # \$

SERVICE	A EXPENDITURES PURCHASED SERVICE	B UNITS OF PURCHASED	UNIT TYPE PURCH	C EXPENDITURES STAFF PROVIDED		E TOTAL EXPENDITURES
3. CHEMICAL DEPENDENCY		SERVICE	SVC	SERVICE	SERVICE	
301 Information and Referral		XXXXXX	XXXX			
302 Community Education and Prevention		XXXXXX	XXXX			
305 Rule 25 Assessment/Rule 24 Financial Elig Determ			HOUR*			
309 Pre-Petition Screening/Hearing			HOUR			
316 Transportation		XXXXXX	XXXX			
317 Detoxification Transportation		XXXXXX	XXXX			
336 Supportive Services			HOUR			
352 Primary Outpatient Treatment			HOUR*			
354 Medication Maintenance			HOUR			
358 Approved Pilot Projects		XXXXXX	XXXX			
359 Consolidated Chemical Dependency Treatment Fund		XXXXXX	XXXX			
369 Aftercare			HOUR			
370 Chemical Dependency Shelter			DAY			
371 Detoxification (Category I)			DAY			
374 Primary Rehabilitation (Category II)			DAY			
375 Extended Care (Category III)			DAY			
376 Halfway House (Category IV)			DAY			
393 General Case Management			HOUR		•	

(3) CHEMICAL DEPENDENCY PROGRAM SUBTOTAL \$ XXXXXX XXXX \$ # \$

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COUNTY NAME: COUNTY NO.: QUARTER ENDING:

SERVICE	A EXPENDITURES PURCHASED	OF	TYPE	C EXPENDITURES STAFF	OF	E TOTAL EXPENDITURES
4. MENTAL HEALTH	SERVICE	PURCHASED SERVICE	PURCH	PROVIDED SERVICE	STAFF SERVICE	:
401 Information and Referral		XXXXXX	XXXX	OLIVIOL	OLIVIOL	
402 Community Education and Prevention		XXXXXX	XXXX			
403 Client Outreach (CSP)		XXXXXX	XXXX			
404 Client Outreach (FCSS)		XXXXXX	XXXX			
405 Child Outpatient Diagnostic Assessment/Psychological Testing		700000	HOUR			
407 Early Identification and Intervention		XXXXXX	XXXX			
408 Adult Outpatient Diagnostic Assessment/Psychological Testing		70000	HOUR			
409 Pre-petition Screening/Hearing			HOUR			
410 Child Level of Care Determination			HOUR			
416 Transportation		xxxxxx	XXXX			
430 Other Family Community Support Services (FCSS)		XXXXXX	XXXX			
431 Adult Mental Health Crisis Assess & Interv Services		xxxxxx	XXXX			
432 Children's Mental Health Crisis Services		XXXXXX	XXXX			
434 Other Community Support Program Services (CSP)		XXXXXX	XXXX			
436 Adult Crisis Stabilization			HOUR			
438 Assertive Community Treatment (ACT)		XXXXXX	XXXX			
439 Child Mental Health Behavioral Aide Services		XXXXXX	XXXX			
440 Direction of Child Mental Health Behavioral Aides			HOUR			
443 Housing Subsidy			DAY			
446 Basic Living / Social Skills & Community Intervention			HOUR			
451 Emergency Response Service		XXXXXX	XXXX			
452 Adult Outpatient Psychotherapy			HOUR			
453 Child Outpatient Psychotherapy			HOUR			
454 Adult Outpatient Medication Management			HOUR			
455 Child Outpatient Medication Management			HOUR			
458 Approved Pilot Projects		XXXXXX	XXXX			
462 Family-Based Services			HOUR			
466 Mental Health Therapeutic Pre-school Program			HOUR			
467 Child Day Treatment			HOUR*			
468 Adult Day Treatment			HOUR*			
469 Partial Hospitalization			HOUR			
472 State-Operated Inpatient		XXXXXX	XXXX			
473 Acute Care Hospital Inpatient			DAY			
474 Adult Residential Treatment			DAY			
477 Subacute Psychiatric Care			DAY			
483 Children's Residential Treatment			DAY			
489 Child Respite Care		XXXXXX	XXXX			
490 Child Rule 79 Case Management			HOUR			
491 Adult Rule 79 Case Management			HOUR			
492 Child General Case Management			HOUR			
493 Adult General Case Management			HOUR			

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COUNTY NAME: COUNTY NO.: QUARTER ENDING:

SERVICE	A EXPENDITURES PURCHASED SERVICE	B UNITS OF PURCHASED	UNIT TYPE PURCH	C EXPENDITURES STAFF PROVIDED		E TOTAL EXPENDITURES
5. DEVELOPMENTAL DISABILITIES	SERVICE	SERVICE	SVC		SERVICE	
501 Information and Referral		XXXXXX	XXXX			
502 Community Education and Prevention		XXXXXX	XXXX			
505 DD Screening			HOUR			
509 Pre-petition Screening/Hearing			HOUR			
516 Transportation		XXXXXX	XXXX			
525 Homemaking Services			HOUR			
531 In-Home Family Support Services			HOUR*			
534 Semi-Independent Living Services (SILS)			HOUR*			
535 Family Support Program		XXXXXX	XXXX			
538 Extended and Supported Employment		XXXXXX	XXXX			
541 Adaptive Aids, Supplies or Special Equipment		XXXXXX	XXXX			
558 Approved Pilot Projects		XXXXXX	XXXX			
564 Adult Supported Living Services			DAY*			
565 Child Supported Living Services			DAY*			
566 Day Training and Habilitation(DAC)			DAY*			
572 Minnesota Extended Treatment Options (State-Operated Service	s)	XXXXXX	XXXX			
574 Community Residential Facilities and Services		XXXXXX	XXXX			
589 Respite Care		XXXXXX	XXXX			
591 Rule 185 Case Management -Waiver			HOUR			
592 Child Rule 185 Case Management - Non-waiver - Under Age 21			HOUR			
593 Adult Rule 185 Case Management - Non-waiver - Age 21 and old	er		HOUR			
595 Public Guardianship			HOUR			

(5) DEVELOPMENTAL DISABILITIES PROG SUBTOTAL \$ XXXXXX XXXX \$ # \$

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COUNTY NAME: COUNTY NO.: QUARTER ENDING:

	Α	В		С	D	E
SERVICE	EXPENDITURES	UNITS	UNIT	EXPENDITURES	HOURS	TOTAL
	PURCHASED	OF	TYPE	STAFF	OF	EXPENDITURES
	SERVICE	PURCHASED	PURCH	PROVIDED	STAFF	
6. ADULT SERVICES		SERVICE	SVC	SERVICE	SERVICE	<u> </u>
601 Information and Referral		XXXXXX	XXXX			
602 Community Education and Prevention		XXXXXX	XXXX			
604 Adult Protection Assessment/Investigation			HOUR			
605 Long Term Care Consultation (LTCC)			HOUR*			
607 General Assessment			HOUR			
615 Interpreter Services			HOUR			
616 Transportation		XXXXXX	XXXX			
618 Health-Related Services		XXXXXX	XXXX			
619 Court-Related Services and Activities			HOUR			
621 Legal Services			HOUR			
622 Companion Services			HOUR*			
623 Chore Services			HOUR			
624 Home-Based Support Services			HOUR*			
625 Homemaking Services			HOUR*			
627 Assisted Living/Customized Living/Residential Care		XXXXXX	XXXX			
628 Home Delivered Meals			MEAL			
629 Congregate Meals			MEAL			
634 Semi-Independent Living Services (SILS)			HOUR*			
636 Consumer Support Grant		XXXXXX	XXXX			
637 Employability			HOUR*			
638 Extended Employment		XXXXXX	XXXX			
641 Adaptive Aids or Special Equipment		XXXXXX	XXXX			
644 Housing Services		XXXXXX	XXXX			
645 Social and Recreational Service		XXXXXX	XXXX			
647 Independent Living Skills			HOUR			
648 Money Management			HOUR			
649 Adult Day Care			HOUR*			
655 Individual Counseling			HOUR			
656 Group Counseling			GRPHR *	,		
658 Approved Pilot Projects		XXXXXX	XXXX			
671 Adult Shelter			DAY			
681 Adult Foster Care			DAY			
689 Respite Care			XXXX			
691 AC/EW/CAC/CADI/TBI Case Management			HOUR			
693 General Case Management			HOUR			
694 Relocation Service Coordination (RSC) - Targeted Case Management			HOUR			
698 Licensing and Resource Development		XXXXXX	XXXX			
(6) ADULT PROGRAM SUBTOTAL	\$	xxxxxx	xxxx	\$	#	\$
(7) BRASS SERVICES TOTAL - LINES (1) thru (6) ADD ALL BRASS PROGRAM SUBTOTALS	\$	xxxxx	xxxx	\$	#	\$