

Ohio Department of Job and Family Services
TITLE IV-E SINGLE COST REPORT

Identifying Information for Operating Agency

| | | | | |
|------------------------------|------------------------------|----------------------|--|--------------------------|
| Operating Agency Name | Federal Tax I.D. | | Programs <i>(check all that apply)</i> | |
| | Telephone # | | Title IV-E | <input type="checkbox"/> |
| Mailing Address | Fax # | | Mental Health | <input type="checkbox"/> |
| | | | Alcohol and Drug Addiction Services | <input type="checkbox"/> |
| City, State, Zip Code | Cost Reporting Period | Date Prepared | Other | <input type="checkbox"/> |
| | 7/1/2011 - 6/30/2012 | | | |

| Operating Agency Contacts | Name | Email | Phone |
|--|-------------|--------------|--------------|
| JFS 02911 Single Cost Report Preparer | | | |
| JFS 02911 Single Cost Report Liaison | | | |
| Agency Executive Director | | | |

I certify that I am an officer of the corporation and that the information contained in this cost report (1) accurately reflects 100% of our agency's cost of operation for the reporting period, (2) is accurately reported to the programs and services provided, and (3) allowable/non-allowable and reimbursable/non-reimbursable costs are accurately reported to their designated areas on the cost report. I understand that misrepresented costs may result in a reduction to our calculated reimbursement ceiling amounts and/or financial recoupment by a Title IV-E agency purchasing our service or by the State agency authorized under law.

Authorized Agency Signature

Date

Agency Name: _____

Total Agency Cost - Summary

| Program | Personnel Costs Direct | Personnel Costs Support | Non-Personnel Costs | Administrative Overhead | Other | Total |
|----------------|------------------------|-------------------------|---------------------|-------------------------|---------------|---------------|
| IV-E | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| ODADAS | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Mental Health | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Other Services | | | | \$0.00 | | \$0.00 |
| Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Operating Agency Name: _____

Title IV-E Summary of Services

| Service Taxonomy | Personnel Cost | | | | | | Non-Personnel | | | | | | Administrative Overhead | Total Reported for IV-E | Statistics | Non-Reimbursable | | | Total Reported for Services |
|-----------------------------|-----------------|------------------|--------------------------|-----------------------|-----------------|---------------------|---------------|-------------|---|----------------|----------|-------------------------|-------------------------|-------------------------|-------------------|------------------|-------------|-----------------------------|-----------------------------|
| | Direct Salaries | Support Salaries | Case Management Salaries | Foster Parent Payment | Fringe Benefits | Consulting Expenses | Other Direct | Consumables | Facility, Insurance & Equipment Expense | Transportation | Training | Administrative Overhead | Total Reported for IV-E | Census | Behavioral Health | Other | Unallowable | Total Reported for Services | |
| PFC 1 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| PFC 2 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| PFC 3 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| PFC 4 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| PFC 5 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| PFC 6 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| PFC 7 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| PFC 8 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| PFC 9 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| PFC 10 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Total Purchased Foster Care | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |

| Service Taxonomy | Personnel Costs | | | | | | Non-Personnel | | | | | | Administrative Overhead | Total Reported For IV-E | Statistics | Non-Reimbursable | | | Total Reported for Service |
|-------------------|-----------------|------------------|--------------------------|-----------------|-------------------|--------------------|---------------|-------------------|---------|-----------------------------------|---------|----------------|-------------------------|-------------------------|------------|-------------------------|--------|-------------------|----------------------------|
| | Direct Salaries | Support Salaries | Case Management Salaries | Fringe Benefits | Direct Consulting | Support Consulting | Other Direct | Other Consumables | | Facilities, Insurance & Equipment | | Transportation | | | | Total Reported For IV-E | Census | Behavioral Health | |
| | | | | | | | Other Direct | Direct | Support | Direct | Support | Direct | Support | | | | | | |
| RES 1 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| RES 2 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| RES 3 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| RES 4 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| RES 5 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| RES 6 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| RES 7 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| RES 8 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| RES 9 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| RES 10 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total Residential | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

| Cost Category | Direct Salaries | Support Salaries | Case Management Salaries | Foster Parent Payments | Fringe Benefits | Consulting | Other Direct | Other Consumables | Facilities, Insurance & Equipment | Transportation | Training | Administrative Overhead | Total Reported for IV-E | Census | Behavioral Health | Other | Unallowable |
|---------------|-----------------|------------------|--------------------------|------------------------|-----------------|------------|--------------|-------------------|-----------------------------------|----------------|----------|-------------------------|-------------------------|--------|-------------------|--------|-------------|
| IV-E | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | \$0.00 |

| |
|----------------------------------|
| Total Reported for IV-E Services |
| \$0.00 |

FORM A-1, UNIFORM COST REPORT (UCR)
 AGENCY EXPENSE REPORT
 ODADAS-FIS-047

Owner's Federal Tax Identification Number

MACSIS UPI: _____

AGENCY NAME: _____

Budget

Actual

REPORTING PERIOD: _____ to _____

AGENCY ADDRESS: _____

AGENCY TELEPHONE NO: _____

| 1. Service Taxonomy and MACSIS Procedure Codes | 2. Number of Units | 3. Number of FTE Assigned | | 4. Personnel Costs | | 5. Service Non- Personnel Costs | 6. Service Total Costs | 7. Allocation of Administrative Overhead | 8. Total Costs | 9. Cost Per Unit | 10. Unallowable Costs | 11. Total Allowable Costs | 12. Allowable Cost Per Unit |
|---|--------------------------|---------------------------|---------------------------|--------------------------|---------------------------|--|---------------------------------|---|----------------------|---------------------------|-----------------------------|------------------------------------|--------------------------------------|
| | | Direct Service (a) | Support Service (b) | Direct Service (a) | Support Service (b) | | | | | | | | |
| TREATMENT SERVICES | | | | | | | | | | | | | |
| Acute Hospital Detoxification - H0009 | | | | | | | | | | | | | |
| Ambulatory Detoxification - H0014 | | | | | | | | | | | | | |
| Assessment - H0001 | | | | | | | | | | | | | |
| Case Management - H0006 | | | | | | | | | | | | | |
| Crisis Intervention - H0007 | | | | | | | | | | | | | |
| Family Counseling - T1006 | | | | | | | | | | | | | |
| Group Counseling - H0005 | | | | | | | | | | | | | |
| Individual Counseling - H0004 | | | | | | | | | | | | | |
| Intensive Outpatient - H0015 | | | | | | | | | | | | | |
| Laboratory Urinalysis - H0003 | | | | | | | | | | | | | |
| Medical Somatic - H0016 | | | | | | | | | | | | | |
| Medication Assisted Treatment - 90805, 90907, 90809, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 | | | | | | | | | | | | | |
| Methadone Administration - H0020 | | | | | | | | | | | | | |
| Sub Acute Detoxification - H0012 | | | | | | | | | | | | | |
| 23 Hour Observation Bed - 99236 | | | | | | | | | | | | | |
| Urine Dip Screen - A0780 | | | | | | | | | | | | | |
| COMMUNITY RESIDENTIAL TREATMENT Includes Room & Board costs | | | | | | | | | | | | | |
| Medical Community Residential Treatment - Hospital Setting - A1210 | | | | | | | | | | | | | |
| Medical Community Residential Treatment - Non-Hospital Setting - A0230 | | | | | | | | | | | | | |
| Non-Medical Community Residential Treatment - A1220 | | | | | | | | | | | | | |
| BH COMMUNITY RESIDENTIAL TREATMENT Excludes Room & Board costs | | | | | | | | | | | | | |
| BH Medical Community Residential Treatment - Hospital Setting - H0017 | | | | | | | | | | | | | |
| BH Medical Community Residential Treatment - Non-Hospital Setting - H0018 | | | | | | | | | | | | | |
| BH Non-Medical Community Residential Treatment - H0019 | | | | | | | | | | | | | |
| COMMUNITY SERVICES | | | | | | | | | | | | | |
| Consultation - A0560 | | | | | | | | | | | | | |
| Hotline - H0030 | | | | | | | | | | | | | |
| Intervention - H0022 | | | | | | | | | | | | | |
| Outreach - H0023 | | | | | | | | | | | | | |
| Referral and Information - A0510 | | | | | | | | | | | | | |
| Training - H0021 | | | | | | | | | | | | | |
| PREVENTION SERVICES | | | | | | | | | | | | | |
| Alternatives - A0660 | | | | | | | | | | | | | |
| Community-Based Process - A0630 | | | | | | | | | | | | | |
| Education - A0620 | | | | | | | | | | | | | |
| Environmental - A0640 | | | | | | | | | | | | | |
| Information Dissemination - A0610 | | | | | | | | | | | | | |
| Problem Identification and Referral - A0650 | | | | | | | | | | | | | |
| ADJUNCTIVE ALCOHOL AND DRUG SERVICES | | | | | | | | | | | | | |
| Child Care - T1009 | | | | | | | | | | | | | |
| Meals - T1010 | | | | | | | | | | | | | |
| Room and Board - A0740 | | | | | | | | | | | | | |
| Transportation - A0750 | | | | | | | | | | | | | |
| AOD Services Not Otherwise Classified - H0047 | | | | | | | | | | | | | |
| DRIVER INTERVENTION PROGRAMS | | | | | | | | | | | | | |
| Non-Residential DIP | | | | | | | | | | | | | |
| Residential DIP - 48 Hour | | | | | | | | | | | | | |
| Residential DIP - 72 Hour | | | | | | | | | | | | | |
| OTHER | | | | | | | | | | | | | |
| Administrative Overhead | | | | | | | | | | | | | |
| Mental Health Services | | | | | | | | | | | | | |
| Title IV-E Services | | | | | | | | | | | | | |
| Non AOD/MH/Title IV-E Services | | | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | | |
| TOTALS FOR AOD SERVICES | 0.0 | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| TOTALS FOR AGENCY | | 0.00 | 0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

I certify that this UCR and all supporting documentation (including Forms A-2, A-3 and A-4 or their equivalents) have been completed in accordance with OAC 3793:2-1-09

Name/Title: _____

Date: _____

Form A-1 Uniform Cost Report (UCR)
DMH-FIS-047

MACSIS UPI _____
Reporting Period: From _____ To _____

Agency Name : _____ Budget _____ Actual _____
Agency Address: _____ Agency Telephone No: _____
Owner Federal Tax I.D. Number: _____

| 1 Type of Service | HCPCS / Procedure Code | Unit Definition | 2 No. of Units | 3 No. FTE Assigned | | 4 Personnel Costs | | 5 Non-Personnel Costs | 6 Service Total Costs | 7 \$ Allocation of Admin. Overhead | 8 Total Costs | 9 Cost/ Unit | 10 Un-Allowable Costs | 11 Total Allowable Cost | 12 Allowable Cost/Unit |
|---|------------------------------|--------------------|----------------------|-----------------------|------------------------|-----------------------|------------------------|-----------------------------|--------------------------------|---|---------------------|--------------------|-----------------------------|----------------------------------|------------------------------|
| | | | | Direct Service (A) | Support Service (B) | Direct Service (A) | Support Service (B) | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Pharmacological Mgt. (Medication/Somatic) | 90862 | 60 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Mental Health Assessment (non-physician) (Diag. Assess.) | H0031 | 60 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Psychiatric Diagnostic Interview (Physician) (Diag. Assess.) | 90801 | 60 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| BH Counseling and Therapy (Ind.) (Ind. Counseling) | H0004 | 15 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| BH Counseling and Therapy (Gp.) (Gp. Counseling) | H0004 | 15 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Crisis Intervention MH Services (Crisis Intervention) | S9484 | 60 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Assertive Community Treatment (Clinical Activities) | H0040 | Covered day | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Assertive Community Treatment (Non-Clinical Activities) | M1910 | Covered day | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Intensive Home Based Treatment (Clinical Activities) | H2016 | Covered day | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Intensive Home Based Treatment (Non-Clinical Activities) | M1810 | Covered day | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Partial Hospitalization, less than 24 hr. (Partial Hospitalization) | S0201 | Program Day | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Community Psychiatric Supportive Treatment (Ind.) (Ind. CSP) | H0036 | 15 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Community Psychiatric Supportive Treatment (Gp.) (Gp. CSP) | H0036 | 15 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Behavioral Health Hotline Service (Hotline) | H0030 | 60 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Other MH Svc., not otherwise specified (hithcare) (Other MH Serv.) | H0046 | 60 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Self-Help/Peer Svcs. (Peer Support) | H0038 | 15 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Adjunctive Therapy (Same) | M1440 | 60 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Adult Education (Same) | M1540 | 60 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Consultation (Same) | M4120 | 60 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Consumer Operated Service (Same) | M3120 | 60 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Employment (Employment/Vocational) | M1620 | 60 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Information and Referral (Same) | M4130 | 60 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Mental Health Education (Same) | M4140 | 60 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Occupational Therapy Service (Same) | M1430 | 60 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Other MH Svc., non-healthcare services (Other MH Serv.) | M3140 | Agy. Defined | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Other MH Svc., non-healthcare services (Other MH Serv.) | M314X | Agy. Defined | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Other MH Svc., non-healthcare services (Other MH Serv.) | M314X | Agy. Defined | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Prevention (Same) | M4110 | 60 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| School Psychology (Same) | M1530 | 60 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Social & Recreational Service (Same) | M1550 | 60 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Community Residence (Same) | M2240 | 24 Hours or 1 Mo | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Crisis Care (Crisis Bed) | M2280 | 24 Hours | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Foster Care (same) | M2250 | 24 Hours or 1 Mo | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Residential Care (Residential Treatment/Residential Support) | M2200 | 24 Hours | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Respite Care (Respite Bed) | M2270 | 24 Hours | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Subsidized Housing (Housing) | M2260 | 24 Hours or 1 Mo | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Temporary Housing (new) | M2290 | 24 Hours | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Forensic Evaluation (Same) | ** | 60 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| PASARR (Same) | ** | 60 Min. | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Inpatient Psychiatric service (Same) | ** | 24 Hours | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| | | | 0 | | | | | \$0 | | | \$0 | #DIV/0! | | \$0 | #DIV/0! |
| Total MH Services | | | | 0.00 | 0.00 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | \$0 | \$0 | |
| Ohio Department of Alcohol and Drug Addiction Services | | | | | | | | \$0 | | | \$0 | | | \$0 | |
| Title IV-E Services | | | | | | | | \$0 | | | \$0 | | | \$0 | |
| Other Non-Mental Health/AoD/IV-E Services | | | | | | | | \$0 | | | \$0 | | | \$0 | |
| Total Agency Service Total | | | | 0.00 | 0.00 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | \$0 | \$0 | |
| Administrative Overhead | | | | | | | | \$0 | | | \$0 | | | \$0 | |
| AGENCY TOTAL | | | | 0.00 | 0.00 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | \$0 | \$0 | |

I certify that this UCR and all supporting documentation (including Forms A-2, A-3 and A-4 or their equivalents) have been completed in accordance with OAC 5122-26-19

Name/Title: _____

Date: _____

Allocation of Administrative Overhead Costs

| Agency Name |
|-------------|
| |

| ADMINISTRATIVE OVERHEAD | |
|--------------------------------------|---------------|
| Line Item | Amount |
| Salaries | \$0.00 |
| Fringe Benefits | \$0.00 |
| Consulting | \$0.00 |
| Other Consumables | \$0.00 |
| Facility Expense\Depreciation | \$0.00 |
| Insurance | \$0.00 |
| Transportation\Travel | \$0.00 |
| Equipment Expense\Depreciation | \$0.00 |
| Other | \$0.00 |
| Total Administrative Overhead | \$0.00 |

| TITLE IV-E PROGRAM ALLOCATION | |
|--|-------------------|
| Service | Allocation Amount |
| PFC 1 | \$0.00 |
| PFC 2 | \$0.00 |
| PFC 3 | \$0.00 |
| PFC 4 | \$0.00 |
| PFC 5 | \$0.00 |
| PFC 6 | \$0.00 |
| PFC 7 | \$0.00 |
| PFC 8 | \$0.00 |
| PFC 9 | \$0.00 |
| PFC 10 | \$0.00 |
| RES 1 | \$0.00 |
| RES 2 | \$0.00 |
| RES 3 | \$0.00 |
| RES 4 | \$0.00 |
| RES 5 | \$0.00 |
| RES 6 | \$0.00 |
| RES 7 | \$0.00 |
| RES 8 | \$0.00 |
| RES 9 | \$0.00 |
| RES 10 | \$0.00 |
| Unallowable/Non-reimbursable | \$0.00 |
| Total Title IV-E Program Allocation | \$0.00 |

| NON-TITLE IV-E PROGRAMS ALLOCATION | |
|---|---------------|
| Program | Amount |
| ODADAS Program: Summary (Form A-1 UCR) | \$0.00 |
| ODMH Program: Summary (Form A-1 UCR) | \$0.00 |
| Other Programs | \$0.00 |
| Total Non-Title IV-E Programs Allocation | \$0.00 |

| SUMMARY | | |
|------------------------------|----------------|------------------|
| Program | Allocation % | Allocation Total |
| Title IV-E | | \$0.00 |
| ODADAS | | \$0.00 |
| ODMH | | \$0.00 |
| Other | | \$0.00 |
| Total All Programs | 0.00% | \$0.00 |
| Remainder to Allocate | 100.00% | \$0.00 |

| ALLOCATION METHODOLOGY | |
|--------------------------------|-------------|
| | Method Used |
| Program/Service Total Costs | |
| Direct Service Personnel Costs | |
| Total Service Personnel Costs | |