

**Thursday,
January 3, 2019
9:00 a.m.**

HUMAN SERVICES BOARD

*Door County Government Center
Chambers Room (C102), 1st floor
421 Nebraska Street, Sturgeon Bay, WI*

Oversight Board for the Department of Human Services

AGENDA

HUMAN SERVICES BOARD MEETING

1. Call Meeting to Order
2. Roll Call – Establishing Quorum
3. **Adopt** Agenda
4. **Approve** Minutes – November 6, 2018 85.21 Elderly/Disabled Transportation Plan Public Participation Meeting and Regular Board Meeting
5. Correspondence
6. Public Comment
7. Program Reports
 - a. Written Collective Unit Report – December
8. Continuing /Pending Business
 - a. Transportation Service Update
 - b. Health & Human Services Merger
 - c. Staff Recruitment Updates
 - d. Vouchers
9. New Business
 - a. Child Welfare Resolution
 - b. Nicole Kahler - Resignation Letter
 - c. Kris Wagner-Maclean - Retirement Letter & Recognition
 - d. Request to Refill Children & Families Case Manager Position
 - e. Request to Refill Community Support Program Case Manager Position
 - f. Contract Approval for Food Vendor
 - g. Introductory Period Completions
 - Emma Lehman
 - Julie Behnke
 - Hope Klatt
 - Jamie Cole
 - Gloria Schneider
10. Topics to Be referred to the Legislative Committee
11. Matters to be Placed on a Future Agenda or Referred to a Committee, Official or Employee
12. Set Next Meeting Date – Tuesday, February 12, 2019
13. Meeting Per Diem Code
14. **Adjourn** Meeting

Deviation from the order shown may occur.

DOOR COUNTY DEPARTMENT OF HUMAN SERVICES**PUBLIC PARTICIPATION PROCESS MEETING FOR PROPOSED 2019 - 85.21
ELDERLY/DISABLED TRANSPORTATION PROGRAM********* Tuesday, November 6, 2018 at 9:00 a.m. *******

<p>These minutes have not been reviewed by the oversight board and are subject to approval or revision at the next regular meeting.</p>

The Door County Human Services Board held a public participation meeting for the purpose of receiving public comments regarding the 2019 – 85.21 Elderly/Disabled Transportation Program (ADRC Bus and Van) of the Door County Department of Human Services. The Notice of Public Hearing for the 85.21 Transportation Plan appeared in the October 27th, 2018 issue of the Door County Advocate. The public notice affidavit is attached to these minutes.

Chair, Helen Bacon, called the Public Participation Process Meeting to order at 9:00 a.m. The Chair shared the public participation meeting process formalities. There were no public participants attending to voice their comments.

Joseph Krebsbach, Director of the Door County Department of Human Services, stated that there would be no changes to this transportation system for 2019 and that the plan was available for review to anyone interested.

The Chair asked if anyone wished to contribute any comments regarding the transportation plan.

Megan Lundahl motioned to adjourn with Laura Vlies Wotachek providing the second. Motion carried by unanimous voice vote.

The Public Participation Meeting was adjourned at 9:04 a.m.

Respectfully submitted,
Shawn M. Barlament – Recording Secretary

Door County Advocate

STATE OF WISCONSIN
BROWN COUNTY


ADRC OF DOOR COUNTY

832 N 14TH AVE


STURGEON BAY WI 542351222

Being duly sworn, doth depose and say that she/he is an authorized representative of the Door County Advocate, a newspaper published in Door County, Wisconsin, and that an advertisement of which the annexed is a true copy, taken from said paper, which was published therein on:

Account Number: GWM-520801
Order Number: 0003186799
No. of Affidavits: 1
Total Ad Cost: \$28.95
Published Dates: 10/27/18

(Signed)  (Date) 11/5/18
Legal Clerk



Signed and sworn before me

My commission expires 9-19-21

ADRC OF DOOR COUNTY
Re: Hearing 11/6

NOTICE OF PUBLIC HEARING

Specialized Transportation Assistance Grant Application for 2019
for the Door County Public Transit System

Notice is hereby given that a Public Hearing will be held by the Door County Human Services Board on behalf of the County of Door (applicant) at the Door County Government Center, 421 Nebraska Street (Chambers Room - 1st Floor), Sturgeon Bay, WI 54235 at 9:00 a.m. on Tuesday, November 6, 2018 for the purpose of receiving comment for Door County's proposed plan for spending the allocation authorized under Section 85.21 of the Wisconsin Statutes to implement its elderly and disabled transportation program in 2019. We intend to continue with our current plan and make no changes during 2019.

At the hearing, the County of Door will afford an opportunity for interested persons or agencies to be heard with respect to the social, economic, and environmental aspects of the project. Interested persons may submit, orally or in writing, evidence and recommendations with respect to said project. Additionally, written comments will be considered if sent to: Robin Mark, Door County Department of Human Services, ADRC @ The Door County Community Center, 916 N. 14th St., Sturgeon Bay, WI 54235, rmark@co.door.wi.us no later than 12:00 p.m. on Monday, November 5, 2018.

Run: October 27

WNAXLP

DOOR COUNTY HUMAN SERVICES BOARD MINUTES

Tuesday, November 6, 2018

These minutes have not been reviewed by the oversight board and are subject to approval or revision at the next regular meeting.

1. Call to Order-

Chair Helen Bacon called the November 6, 2018 meeting of the Door County Human Services Board to order immediately following the 2019 - 85.21 Proposed Transportation Public Participation Meeting at 9:05 a.m. in the Chambers Room at the Government Center, 421 Nebraska Street, Sturgeon Bay, Wisconsin

2. Roll Call / Establishing a Quorum-

Present: Helen Bacon, Bob Bultman, Wayne Kudick, Tom Leist, Megan Lundahl, Joe Miller, Nissa Norton, Robert Rau and Laura Vlies Wotachek,

Excused: All Board Members were present.

Staff Present: JoAnn Bauman-Department Accountant/Finance; Julie Behnke-Business Manager; Joseph Krebsbach-Director; Robin Mark-Transportation Account Specialist; Cori McFarlane-Deputy Director; Ken Pabich-County Administrator; Susan Powers-Interim Manager/Health Officer and Shawn Barlament-Office Manager/Recording Secretary.

Board members present established a quorum.

3. Adopt Agenda-

Motion by T. Leist, seconded by B. Bultman to adopt the agenda. Motion carried by unanimous voice vote.

4. Approve Minutes-

Motion by M. Lundahl, second by J. Miller to approve the September 11, 2018 Three Aging Plan Public Participation Meeting minutes. Motion carried by unanimous voice vote.

Motion by N. Norton, second by B. Rau to approve the September 11, 2018 Human Services Board meeting minutes. Motion carried by unanimous voice vote.

5. Correspondence-

An email from W. Kudick shared contact information for Mel Morgenbesser, School of Social Work, UW-Madison, for our department's staff recruitment. The possibility of regular job postings and attendance at an April 2019 Job Fair in Dane County should help establish key relationships to entice new graduates or early/on-time retirees to Door County government positions.

6. Public Comment-

No one present offered comment.

7. Discussion of Public Participation Meeting

Not necessary as there were no public participants at the meeting.

8. Program Reports

a. Written Collective Unit Report – October & November

W. Kudick questioned the delayed timing of the first payments to WI Home Energy Assistance Program (WHEAP) participants that may not help with utility disconnects. It was explained that we do not have control as this is a state funded program. Discussion pursued on other options for those in this situation and contacting our State Representative, Joel Kitchens, about the timing of these first payments.

b. Statistical Report January 1 – September 30, 2018

Various fluctuations and increases in annual statistics were discussed.

9. Continuing / Pending Business-

a. Transportation Services

An Easter Seals Grant will provide for an analysis of our transportation system county wide. On October 31st we participated in a discussion with other county transportation stakeholders to develop specific goals for this analysis in order to improve mobility options for those with disabilities and older adults.

b. Staff Recruitment Updates

- Karlee Bertrand began yesterday, November 5th, after accepting the Comprehensive Community Services (CCS) Case Manager position.
- Another round of Interviews will be held next week, Friday, for the part-time Disability Benefits Specialist position.
- On Friday, a face to face meeting will take place with the recruiting services we have contracted with to hire a psychiatrist. A question was asked about the past consideration of a psychiatric nurse prescriber. The department is not pursuing this option at this time because of the necessity of a supervising psychiatrist for this particular position.

c. Vouchers

No questions were asked.

10. New Business-

a. 2018 Budget Status Update

Julie Behnke, Business Manager, reviewed the Budget Summary that was attached to the agenda packet. She highlighted areas where the department was either above or below projections on both the expense and revenue sides. At this time it appears that the budget will be in line.

Julie is working on an easier to read quarterly update. Suggestions are welcome.

b. Request to Refill - Child & Family Services Social Worker Position

Motion by L. Vlies Wotachekl, second by M. Lundahl to refill the Child & Family Services Social Worker position vacated by McKenzie Erickson. Motion carried by unanimous voice vote.

c. Door County Public Health & Human Services Department Merger Recommendation

Joe Krebsbach reviewed the Recommendation for the Public Health and Human Services Department Memorandum from the County Administrator and the Evaluation Summary Report he wrote to explain the process taken to develop this recommendation. Sue Powers offered her perspective on the important benefits that the Public Health Department provides the entire population of the county. If this merger is approved, she would like the process to be carefully and thoughtfully orchestrated in order to maintain Public Health's mission and continuation of services to meet state statutes. Joe shared that he has learned from the previous merger process of Social Services and Community Programs. Board members supported many of the benefits of the proposed merger such as sharing of financial and administrative processes and staff, encouraged collaborative efforts to define what excellence is for the new department, guidance from Public Health to be prevention focused for the entire new department, and smooth crossover between the departments for individuals and families needing services from both areas. Concerns were aired about maintaining autonomy and previous recommendations to keep the departments separate. Ken Pabich stated that merging the departments would maximize resources, increase collaboration and leverage services in the best interest of our customers.

N. Norton motioned, second by W. Kudick to accept the recommendation to merge Public Health and Human Services Departments and to forward to the county's Administrative Committee. Motion carried by voice vote, 7 Members voting yes, 1 Member voting No -T. Leist.

d. Transfer of Funds - \$45,000 from Staff Costs (240.47.3915.51101) to Coordinated Services (240.47.3929.52857)

M. Lundahl motioned, second by B. Rau to transfer these funds between the accounts and forward to the Finance Committee. Motion carried by unanimous voice vote.

e. FYI – Request for Proposal(RFP) – ADRC Food Services

Our first 2 year contract with a group purchasing agent saved 20% in food costs. We will continue with this type of purchase contract.

f. Mental Health Services on Washington Island

David Hirn has provided 30 years of mental health counseling to the island. In the spring of 2019, David will no longer provide services. Our department will need to hire another contractor or discontinue services to the island. Many details need to be taken into consideration to determine whether to continue. The board asked Joe to frame the issues for review in January, in addition to contacting several residents from Washington island who may have interest in supporting continued services.

g. Resolution – Increase Funding & Oversight Reforms for Wisconsin's Child Protective Services System

After discussion of information shared in this meeting's agenda packet, it was agreed that this resolution would be placed in our county's format and presented for adoption at the next DHS Board meeting. This will support the advocacy efforts of the Wisconsin Counties Association (WCA) and Wisconsin County Human Service Association (WCHSA) on behalf of all Wisconsin counties.

11. Topics to be Referred to the Legislative Committee

None at this time.

12. Matters to Be Placed on a Future Agenda or Referred to a Committee, Official or Employee-

Please notify the Chair of this Committee or the Director of the Human Services Department if there are any additional requests.

13. Next Meeting Date-

The next meeting will be Tuesday, December 4, 2018 at 9:00 a.m. in the Chambers Room of the Government Center, 421 Nebraska Street, Sturgeon Bay should an item requires action from the Board otherwise January 8th, 2019.

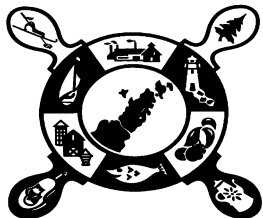
14. Meeting Per Diem Code-

422

15. Adjourn the Meeting:

Motion by L. Vlies Wotachek, second by T. Leist to adjourn the meeting. Motion carried by unanimous voice vote. The meeting adjourned at 11:56 a.m.

Respectfully submitted,
Shawn M. Barlament, Recording Secretary



DOOR COUNTY DEPARTMENT OF HUMAN SERVICES

421 Nebraska Street
Sturgeon Bay WI 54235
Main Line: 920-746-7155

Joseph Krebsbach, Director
1st Floor Fax: 920-746-2355
2nd Floor Fax: 920-746-2439
dhs@co.door.wi.us

Human Services Board Written Agency Updates – December 2018

I. Program Changes and Highlights

A. 2019 was a year of amazing growth for the **Aging & Disability Resource Center**. The ADRC could not have weathered all of the change and challenges that came along without a really strong team of dedicated professionals willing to go above and beyond for the consumers we serve. It's hard to believe that we are already coming up on the one year anniversary in the new building! Listed below are some of the major changes and successes we experienced this past year:

- Nutrition Program: In 2018, we are on track to serve 41,422 meals and collect \$82,556.00 in participant contributions (compared to 35,393 meals and \$49,298.00 in 2017). Sturgeon Bay meal site has seen the largest increase in meal participation. Throughout 2018 that average increased to roughly 70 meals a day. Earlier in 2018 we served the largest meal in program history at the Sturgeon Bay meal site which was 220 meals between our hot meal and the soup and salad bar. On average in 2017, we were serving around 44 meals a day.
- Starting in October of 2018, we moved our Southern Door meal site location from Forestville to Brussels. That move has continued to have a positive impact on the number of Southern Door County residents participating in our Nutrition Program. In Forestville, we were serving an average of 9 meals a day. And now since the move to Brussels, we are serving an average of 14 meals a day.
- Total Participation: For every activity and event that we provide at the ADRC we are required to track participation through our SchedulesPlus check-in system. These activities and events are the ones you see listed in our monthly newsletters. To date in 2018, we have 2,106 unduplicated individuals who have participated 26,315 times in our activities and events. This compares to 686 individuals in 2017, who participated 12,413 times in our activities and events.
- Volunteer Program: In 2017, we had 519 volunteers giving 750 hours of time. In 2018, this has increased to 1682 volunteers giving 2961 hours of their time.
- The new building has also provided the ADRC with an incredible ability to strengthen a number of key partnerships and create new ones. One new and budding relationship we are extremely excited about is our work with Learning in Retirement (LIR). We continue to add more classes offered at the ADRC. Additionally, our work with the YMCA and Door County Medical Center continues to deepen and come up with some really creative programs for both older adults and adults living with a disability.

Our January newsletter is available. Please pick it up. We have some really exciting events planned for the New Year and beyond!

B. The **Community Support Program** and JAK's Place staff hosted a Holiday Luncheon at Hope Church on Wednesday December 19th from 11:00 to 2:00. George Sawyn, Acoustical Guitarist provided a 45 minute concert prior to the turkey dinner served at noon. Afterwards there was a drawing for door prizes.

C. Adult Protective Services Social Worker Carol Lenius will be traveling to Washington, D.C. January 8 -10 as part of a 5 person Elder Abuse Task Force. Carol, along with District Attorney

Colleen Nordin, Law Enforcement Officers, and Victim Advocate Annie Lambert from Help of Door County will be representing Door County for the official orientation sponsored by the Office on Violence against Women (OVW) and National Clearinghouse on Abuse in Later Life (NCALL). The task force being developed in Door County will address: 1) Blocking Suspicious Transactions to Stop Elder Financial Exploitation, 2) Elder Abuse Supplemental Incident Reports for Law Enforcement to assist with criminal prosecution of a suspect in an elder abuse case, 3) Enhancing Protections for the Elderly through Criminal Law Reforms, 4) Expedited Hearings and Testimony Preservation of testimony through a video-taped testimony for older victims who may have declining health issues, and 5) Specialized Elder Abuse Response Team at DOJ working more closely with Elder Abuse Response Teams that are county based.

In June 2018, DHS released the 2017 elder abuse and neglect report. From 2001 to 2017, reported allegations of elder abuse, neglect, and exploitation and request for information about elder abuse increased 160% in WI. In respect to financial exploitation elders lose nearly \$35 billion annually due to elder financial abuse. The direct medical cost of injuries are estimated to contribute more than \$5.3 billion to the nation's annual health expenditures. Door County was chosen to participate in this three year grant program because we are the second fastest aging county in the State of Wisconsin.

- D. Economic Support** received about 300 Marketplace healthcare applications to process during the open enrollment period for the Federally Facilitated Marketplace, November 1 - December 15. Those who applied and were under 100% Federal Poverty Level (\$1011 for a single person) automatically had their applications sent directly via electronic transfer to our agency to determine eligibility for BadgerCare. We received fewer applications this year than in past years. We typically receive nearly twice as many.

The Bay Lakes Income Maintenance Consortium has plans to move forward with a Child Care line to be staffed live each day with one agent from Brown County and one agent from one of the four other counties on a rotating basis. Currently, Brown County is the only county that has an agent available to take calls live; other counties' calls go to a voice mail. The use of a separate Child Care line will be re-evaluated in spring. Child care comprises less than 2% of all cases. Agents who are in the workgroup will be taking calls for general line as well, and will be in two workgroups at the same time.

The Economic Support Division is seeing many more Fair Hearings. Most are due to overpayments. The unit had six hearings from November 1 to December 4. In past years, it would be typical to have six hearings for the entire year. Preparation for these hearings takes a great deal of time and is stressful for staff and clients alike.

- E. The Behavioral Health Division** has been down one person for a few weeks. Staff Therapist Sue Exworthy left our agency at the end of November to pursue other opportunities. We were able to fill this position with a mental health/AODA dual therapist. Robin Lambrecht, MS, LPC-IT, SAC-IT will begin working with our behavioral health team on December 20. We are so happy to have her join our team!

Kelsey Christiansen, MSE, our limited term Diversion worker is getting closer to launching PATHWAYS, the diversion program for Door County. Kelsey has worked to develop this program for residents who would otherwise be charged for crimes related to their drug use and "diverting" them for drug treatment. We are looking forward to this beginning after the New Year. We appreciate Kelsey's creativity and commitment to making this happen.

We are working to reinstate telehealth in our agency as an option for delivery of psychiatric services. Beginning in January, we intend to utilize telehealth part-time with Dr. Shopbell, having him here in the office some days and via telehealth from his office in the Fox Valley some days. We are also working with a Locum Tenens agency to try to find another doctor to contract with for services one or more days per week to augment our psychiatric services until we are able to secure a full-time psychiatrist for the county.

- F. The Child Protective Services/Juvenile Justice** team is looking forward to interviewing and hiring for our vacant child protection access and assessment position. The team has really stepped up to help one another during this time of staff shortage. We are also excited about opening the Youth Connection Center in the coming year. This center for juveniles was an idea that arose due to multiple factors affecting juveniles, social workers, and the agency. Traditional services for juveniles includes case management, secure detention, therapy, and electronic monitoring. Some of these are known to be ineffective in changing juvenile's delinquent behaviors and can actually exacerbate their errors in thinking. A couple of key things occurred over the last few years. One was that many juvenile detentions centers in surrounding counties closed their juvenile detention areas, and the other was the increase in complexity of cases and need for more intensive services and supervision. There were times when juveniles would need supervision during the day due to expulsion or suspensions and caregivers were not available to supervise. Often times the social worker would have the juveniles stay at the agency in an office or conference room as a means to intervene during unstructured time the juvenile would have. Without some type of supervision or intervention, juveniles would be vulnerable to poor decision-making and maladaptive behaviors. There has been an ongoing philosophical push across the country to shift our approaches with juveniles from punishment to competency building utilizing evidenced based interventions. Addressing delinquent behaviors in youth is multi-faceted and there are alternatives to holding youth accountable. Building engaging relationships and connections with the community is key to reducing delinquent behaviors in the community. Having youth participate in skill development and other opportunities otherwise unattainable to them can empower them to want to be successful. The report center would be an alternative intervention balancing accountability with skill development the youth can be proud of. The Youth Connection Center will be operated out of the old Jaycee's Hall, which is now owned by PATH.
- G. The Comprehensive Community Services (CCS) Team** is now fully staffed! Karlee Bertrand accepted the CCS Service Facilitator position and began on November 5. She has completed her CCS orientation training and begun accepting clients. Karlee has been a wonderful addition to the team! State representative Karen Bittner completed a site review of our Coordinated Services Teams (CST) program on November 27. During the visit, she had the opportunity to meet with several members of the Support & Recovery Coordination Committee and voiced how impressed she was with their keen understanding of the roles and responsibilities of their membership. For example, one member shared her experience as a parent of a child receiving CCS/CST services; her active voice on the committee has been invaluable in identifying barriers in the service delivery system and making recommendations regarding quality improvement initiatives. Karen also met with our CCS/CST staff and discussed Wisconsin's statewide initiative to integrate the two programs. According to the Wisconsin Department of Health Services "blending CCS and CST allows for a framework of practice as well as a funding stream for flexible services and supports." The CCS Program Manager and Team concur with that notion and have since moved toward dually enrolling all eligible youth consumers. Over the past month, a lot of effort has been exerted to integrate CCS and CST processes without losing the integrity of each program. We believe this transition will improve our children's system of care overall.

- H.** The: **Birth to Three** team, consisting of our in-house Service Coordinator/Early Childhood Educator and our 4 contracted therapists, have been diligently following up on a record number of 27 new referrals into the program over the past quarter. The referrals into this program area come from a variety of entities; including but not limited to pediatricians, NICU personnel, friends and family members and the parents themselves. There is no way to predict the flow of new intakes but these professionals juggle them with apparent ease, though we know they make it look much easier than it is. This is of such great benefit to the children they serve.
- I. Children's Long-Term Support Services:** As of the writing of this report we are looking forward to our next communication from the state concerning what the new standardized rates will be for the services we coordinate for our consumers; those children eligible for the Children's Long Term Support (CLTS) Waiver Program. This will assist us in issuing contracts to our providers, ensuring accurate reflection on our Individualized Service Plans and recruiting qualified providers for all of the services and supports those children who are eligible require.

Efforts continue to be made to eliminate our CLTS waitlist, per the state mandate. The last time we reported to you, our waitlist stood at 24 but due to two children moving out of our area, our teams and the families concluding that six of the children's' needs can be met through their CCS/CST teams and the excellent and dedicated work of our Children's Services team in opening 9 new consumers in waiver services we currently have a waitlist of 7.

II. Noteworthy Events

- A.** The AOD Coalition, Mental Health Focus Group, and the Door County Partnership for Children & Families are joining forces to host a screening of *Written Off* on January 10 at the Kress Pavilion. This documentary features the heart wrenching story of Wisconsinite Matt Edwards. Matt was recovering from a botched toe surgery. When he took his first pain pill, he felt he had been "touched by God." As he struggled with opioid addiction, he kept journals and recorded video that chronicle the last two years of his life. After he died, his mother found the materials, which were used to make this documentary. A light meal will be served at 5:00, followed by the film and a panel discussion with persons in recovery.
- B.** The last film in the mental health film series, *Resilience*, will be shown on Feb. 7, also 5-8:00 p.m. at the Kress Pavilion.

III. High-Cost Placements & Other Fiscal Updates

- A.** The APS team will be finalizing three guardianships/protective placements in January. At least two of these will result in permanent, ongoing high cost placements.

IV. Training & Staff Development

- A.** Some training events that are in the planning stages: Art of De-escalation Training - April 11 at the ADRC, and a community-wide Trauma Informed Care Conference – August 14 (tentative).

V. Agency & Community Collaboration

- A.** Economic Support staff are currently covering some work from Brown County to temporarily assist as they continue to struggle with staff vacancies.

VI. Sharing our Successes (There are many this month!)

- A.** On December 13, the Door County Daily News highlighted the stories of two teens who will be graduating from the Wisconsin National Guard Challenge Academy on December 15. The youth mentioned the role of their social workers in referring them to this program. As stated in the article,

"The 22-week academy uses a structured, military-style setting to help cadets improve their academic abilities, build self-confidence and discipline. (The teens) say those traits were lacking in their lives....The challenge academy is helping them plan for brighter futures."

- B.** The Adult Protective Services I-Team provides a monthly opportunity for collaborating on systems issues and interdisciplinary staffing of challenging cases. Following the December I-Team meeting, Christy Wisniewski, Geriatric Outreach Specialist from Door County Medical Center, shared the following success story:

Earlier this year a patient and family came in for memory clinic consultation. We learned that the patient had been online purchasing and taking an excessive number of supplements which could be impacting the patient's cognition. Additionally, the family was facing increasing concern over the financial circumstances of the patient's behavior. We recommended cessation and repeat testing, but the patient does not admit to memory concerns, and refused to cease taking the supplements, insisting they were good for brain and body health. The patient was not interested in talking about it further with us. But they were agreeable to a follow up home visit with me and a public health nurse, who could take a closer look at the supplements. Public Health Nurse Rachael Millner and I visited the home; I met with the spouse to educate and brainstorm on dementia behaviors, and Rachael met with the patient to look at the supplements. Rachael identified matching ingredients in a number of the supplements and educated on the negative effects these ingredients could have when compounded. She was professional and sensitive in her approach. She and the patient developed a plan to reduce the number of supplements. Rachael and I remain in contact with patient and family after the visit. It's been a slow process with some hurdles. But this is the 2nd, and much larger, rendering of supplements, which I received 2 days ago:



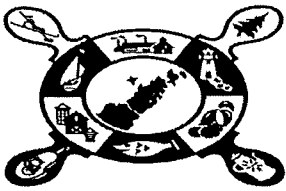
I am certain this success would not have happened without the ability to partner with our Public Health Department. I am so grateful for the Public Health nurses who use their skills in our community, who don't cower in the face of a complex, laborious case, and who have the ability to work so closely with us. Please feel free to share this success with any oversight committees so they can be aware of how valuable these services are.

- C.** A recent home visit by two team members - one as the service and support coordinator for the Children's Long Term Support team and one as the CCS case manager - led to an impromptu concert. As told by one of the team: The consumer and his parents told of how when it came time for their 10 year-old child with autism to have the opportunity to play an instrument this school year, his father took him to school so he could try out the different instruments and find the one he would most like to learn how to play. School staff voiced concern about him being able to play this particular instrument and worried that he might be disappointed. The family advocated for their son with their mantra being,

"Tell me what my child can do and not what he can't or shouldn't do". In the end his choice was percussion, and the family bought him his own xylophone. The night before this home visit, he performed in his first Christmas concert with the school band and played Jingle Bells flawlessly and bowed when he finished his song. The two case managers were lucky enough to get their very own private concert and observed this child to be confident in sharing his newly learned talent. He played the song from start to finish without a mistake. He grinned from ear to ear as they applauded!

- D.** November's Shining Star award went to Beth Ziolkowski, one of our Behavioral Health Therapists. Beth's colleagues in the CCS team selected Beth for this award because of the trauma-informed, person-centered approach she exhibits in providing therapy to her clients, in CCS and beyond, which has yielded excellent results. Beth is willing to spend extra time attending team meetings to ensure her therapy services are in line with the rest of the services consumers are receiving, and all providers are working in coordination to help consumers achieve their goals. Recently, Beth began serving as our school-based therapist in the STRIDE program, seeing children in the Gibraltar School District. For these reasons and more, Beth is well deserving of the Shining Star for excellence in customer service.
- E.** The Energy Assistance program has taken 573 applications thus far. This is an increase of 8% compared to applications last year at this time. The statewide average lists a 2% decrease this year compared to last year. Three households also received crisis assistance funds this year. Many thanks to Energy Assistance Specialist Kathy Fairchild for her outreach efforts in this program!

*Happy Holidays and Thank You
for Your Support throughout the Year!*



DOOR COUNTY DEPARTMENT OF HUMAN SERVICES

421 Nebraska Street
 Sturgeon Bay WI 54235
 Main Line: 920-746-7155

Joseph Krebsbach, Director
 1st Floor Fax: 920-746-2355
 2nd Floor Fax: 920-746-2349
dhs@co.door.wi.us

MEMO

To: Human Services Committee
From: Ashley LaLuzerne
Date: 01.03.2019
Re: Request for Expenditure Approval

Expenditures since the last committee meeting held 11.06.2018

\$	280.16	Wal-Mart Credit Card October-November 2018
\$	1,971.35	Elan Credit Card September-October 2018
\$	2,878.93	Elan Credit Card October-November 2018
\$	24,561.61	October 2018 Foster / Kinship Care Payments #2018-540/559
\$	21,865.20	November 2018 Foster / Kinship Care Payments #2018-598/607
\$	525.00	Invoices Paid Prior to January 15,2019 not included in Batches
\$	52,082.25	

Departmental journal entries not included on the attached voucher list:

\$	20.00	Finger Printing - DC Jail November 2018
\$	501.92	Maintenance Dept. October 2018 gas usage - Fleet
\$	394.26	Maintenance Dept. November 2018 gas usage - Fleet
\$	41.74	Maintenance Dept. - office supplies - September 2018
\$	957.92	

Total Expenditures and Vouchers for the Human Services since the last meeting are

\$	94,968.02	Monthly Vouchers - 2018 Batch Totals (Nov) #2018-536
\$	58,942.66	Monthly Vouchers -2018 Batch Totals (Nov) #2018-557
\$	76,736.81	Monthly Vouchers -2018 Batch Totals (Dec) #2018-582
\$	52,082.25	Expenditures since the last committee meeting held 10.09.2018
\$	957.92	Amounts paid to other County Departments as per above
\$	283,687.66	

Total Expenditures and Vouchers for the ADRC since the last meeting are

\$	11,540.29	Monthly Vouchers -2018 Batch (Nov) #2018-544
\$	55,679.82	Monthly Vouchers -2018 Batch (Nov) #2018-566
\$	12,767.06	Monthly Vouchers -2018 Batch (Dec) #2018-592
\$	50,357.70	Monthly Vouchers -2018 Batch (Dec) #2018-624
\$	452.48	Walmart Card October-November 2018
\$	11.00	Elan Credit Card September 2018
\$	546.00	Elan Credit Card October-November 2018
\$	131,354.35	

\$	415,042.01	Total Expenditures and Vouchers
-----------	-------------------	--

Accounts Payable Invoice Report ¹⁶

G/L Date Range 11/06/18 - 11/06/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount	
Vendor 19161 - [REDACTED] Import - 7960	WISACWIS- PID:0008044459_Voucher:01913 _IM_11/05/2018	Edit		11/05/2018	11/06/2018	11/06/2018			714.00	
Vendor 19161 - [REDACTED] Totals								Invoices	1	\$714.00
Vendor 9701 - [REDACTED] Import - 7971	WISACWIS- PID:0008085157_Voucher:01913 _IM_11/05/2018	Edit		11/05/2018	11/06/2018	11/06/2018			238.00	
Vendor 9701 - [REDACTED] Totals								Invoices	1	\$238.00
Vendor 9479 - [REDACTED] Import - 7970	WISACWIS- PID:0008000379_Voucher:01913 _IM_11/05/2018	Edit		11/05/2018	11/06/2018	11/06/2018			879.00	
Vendor 9479 - [REDACTED] Totals								Invoices	1	\$879.00
Vendor 19526 - [REDACTED] Import - 7961	WISACWIS- PID:0008024832_Voucher:01913 _IM_11/05/2018	Edit		11/05/2018	11/06/2018	11/06/2018			1,976.00	
Vendor 19526 - [REDACTED] Totals								Invoices	1	\$1,976.00
Vendor 9850 - [REDACTED] Import - 7972	WISACWIS- PID:0008085718_Voucher:01913 _IM_11/05/2018	Edit		11/05/2018	11/06/2018	11/06/2018			476.00	
Vendor 9850 - [REDACTED] Totals								Invoices	1	\$476.00
Vendor 6968 - [REDACTED] Import - 7968	WISACWIS- PID:0008079799_Voucher:01913 _IM_11/05/2018	Edit		11/05/2018	11/06/2018	11/06/2018			394.00	
Vendor 6968 - [REDACTED] Totals								Invoices	1	\$394.00
Vendor 21744 - [REDACTED] Import - 7962	WISACWIS- PID:0008063868_Voucher:01913 _IM_11/05/2018	Edit		11/05/2018	11/06/2018	11/06/2018			706.61	
Vendor 21744 - [REDACTED] Totals								Invoices	1	\$706.61

Accounts Payable Invoice Report ¹⁷

G/L Date Range 11/06/18 - 11/06/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 22478 - [REDACTED]									
Import - 7965	WISACWIS- PID:0008080114_Voucher:01913 _IM_11/05/2018	Edit		11/05/2018	11/06/2018	11/06/2018			618.00
Vendor 22478 - [REDACTED] Totals									Invoices 1 <u>618.00</u>
Vendor 17937 - [REDACTED]									
Import - 7959	WISACWIS- PID:0008040115_Voucher:01913 _IM_11/05/2018	Edit		11/05/2018	11/06/2018	11/06/2018			238.00
Vendor 17937 - [REDACTED] Totals									Invoices 1 <u>238.00</u>
Vendor 6476 - OCONOMOWOC DEV TRAINING CENTER									
Import - 7967	WISACWIS- PID:0008019479_Voucher:01913 _IM_11/05/2018	Edit		11/05/2018	11/06/2018	11/06/2018			11,816.27
Vendor 6476 - OCONOMOWOC DEV TRAINING CENTER Totals									Invoices 1 <u>11,816.27</u>
Vendor 8116 - [REDACTED]									
Import - 7969	WISACWIS- PID:0008017407_Voucher:01913 _IM_11/05/2018	Edit		11/05/2018	11/06/2018	11/06/2018			307.10
Vendor 8116 - [REDACTED] Totals									Invoices 1 <u>307.10</u>
Vendor 22153 - [REDACTED]									
Import - 7963	WISACWIS- PID:0008067949_Voucher:01913 _IM_11/05/2018	Edit		11/05/2018	11/06/2018	11/06/2018			476.00
Vendor 22153 - [REDACTED] Totals									Invoices 1 <u>476.00</u>
Vendor 6472 - [REDACTED]									
Import - 7966	WISACWIS- PID:0008038416_Voucher:01913 _IM_11/05/2018	Edit		11/05/2018	11/06/2018	11/06/2018			1,625.00
Vendor 6472 - [REDACTED] Totals									Invoices 1 <u>1,625.00</u>
Vendor 22316 - [REDACTED]									
Import - 7964	WISACWIS- PID:0008079501_Voucher:01913 _IM_11/05/2018	Edit		11/05/2018	11/06/2018	11/06/2018			238.00
Vendor 22316 - [REDACTED] Totals									Invoices 1 <u>238.00</u>

Accounts Payable Invoice Report

G/L Date Range 11/06/18 - 11/06/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 16915 Import - 7958	WISACWIS- PID:0008042309_Voucher:01913 _IM_11/05/2018	Edit		11/05/2018	11/06/2018	11/06/2018			1,778.60
Vendor 16915				Totals		Invoices	1		\$1,778.60
				Grand Totals		Invoices	15		\$22,480.58

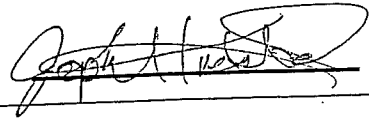
VOUCHER

STATE OF WISCONSIN

2018

Door County

Submitted By: 19
alaluzerne 11.13.2018

Approved by: Department Head:


Approved by: Committee Chair /
 County Administrator

VENDOR # _____

New Vendor (Please Assign New #)
 One Time Vendor (Please Assign New #)

VENDOR NAME: Door County Dept of Human Services

VENDOR ADDRESS: _____

VENDOR ADDRESS: MONTHLY FOSTER/KINSHIP CARE PAYROLL

VENDOR ADDRESS: 421 Nebraska Street

Added to Voucher Listing

Voucher Listing Signed / Approved
 Meeting Date _____

Hold For Approval / Documentation
 After Processing

↓ This Area to be Completed by Finance Department ↓ →

PAID BY _____
 CHECK # _____

Fund	Dept	Sub Dept	Account Number	Detail	Description	@ Cost/Ea	Total Amount	Invoice Date	Vendor Invoice Number	
240	47				2018 Foster/Kinship Care for October 2018 - 2nd Batch		\$ 2,081.03	11.13.18	2018-559	
VOUCHER TOTAL							\$ 2,081.03	← VOUCHER TOTAL		

20
Accounts Payable Invoice Report

G/L Date Range 11/13/18 - 11/13/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 17929 - ADVOCATES FOR HEALTHY Import - 8207	WISACWIS- PID:0008038182_Voucher:01914 _IM_11/12/2018	Edit		11/12/2018	11/13/2018	11/13/2018			2,081.03
		Vendor 17929 - ADVOCATES FOR HEALTHY	Totals			Invoices	1		\$2,081.03
			Grand Totals			Invoices	1		\$2,081.03

Accounts Payable Invoice Report

G/L Date Range 12/06/18 - 12/06/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount	
Vendor 17929 - ADVOCATES FOR HEALTHY										
Import - 9415	WISACWIS- PID:0008038182_Voucher:01915 _IM_12/05/2018	Edit		12/05/2018	12/06/2018	12/06/2018			2,013.90	
Vendor 17929 - ADVOCATES FOR HEALTHY Totals								Invoices	1	\$2,013.90
Vendor 19161 - [REDACTED]										
Import - 9417	WISACWIS- PID:0008044459_Voucher:01915 _IM_12/05/2018	Edit		12/05/2018	12/06/2018	12/06/2018			714.00	
Vendor 19161 - [REDACTED] Totals								Invoices	1	\$714.00
Vendor 9701 - [REDACTED]										
Import - 9426	WISACWIS- PID:0008085157_Voucher:01915 _IM_12/05/2018	Edit		12/05/2018	12/06/2018	12/06/2018			238.00	
Vendor 9701 - [REDACTED] Totals								Invoices	1	\$238.00
Vendor 9479 - [REDACTED]										
Import - 9425	WISACWIS- PID:0008000379_Voucher:01915 _IM_12/05/2018	Edit		12/05/2018	12/06/2018	12/06/2018			879.00	
Vendor 9479 - [REDACTED] Totals								Invoices	1	\$879.00
Vendor 19526 - [REDACTED]										
Import - 9418	WISACWIS- PID:0008024832_Voucher:01915 _IM_12/05/2018	Edit		12/05/2018	12/06/2018	12/06/2018			1,976.00	
Vendor 19526 - [REDACTED] Totals								Invoices	1	\$1,976.00
Vendor 9850 - [REDACTED]										
Import - 9427	WISACWIS- PID:0008085718_Voucher:01915 _IM_12/05/2018	Edit		12/05/2018	12/06/2018	12/06/2018			476.00	
Vendor 9850 - [REDACTED] Totals								Invoices	1	\$476.00
Vendor 6968 - [REDACTED]										
Import - 9424	WISACWIS- PID:0008079799_Voucher:01915 _IM_12/05/2018	Edit		12/05/2018	12/06/2018	12/06/2018			394.00	
Vendor 6968 - [REDACTED] Totals								Invoices	1	\$394.00

Accounts Payable Invoice Report

G/L Date Range 12/06/18 - 12/06/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 21744 - [REDACTED] Import - 9419	WISACWIS- PID:0008063868_Voucher:01915 _IM_12/05/2018	Edit		12/05/2018	12/06/2018	12/06/2018			706.61
				Vendor 21744 - [REDACTED] Totals		Invoices	1		\$706.61
Vendor 22478 - [REDACTED] Import - 9422	WISACWIS- PID:0008080114_Voucher:01915 _IM_12/05/2018.	Edit		12/05/2018	12/06/2018	12/06/2018			618.00
				Vendor 22478 - [REDACTED] Totals		Invoices	1		\$618.00
Vendor 17937 - [REDACTED] Import - 9416	WISACWIS- PID:0008040115_Voucher:01915 _IM_12/05/2018	Edit		12/05/2018	12/06/2018	12/06/2018			238.00
				Vendor 17937 - [REDACTED] Totals		Invoices	1		\$238.00
Vendor 22153 - [REDACTED] Import - 9420	WISACWIS- PID:0008067949_Voucher:01915 _IM_12/05/2018	Edit		12/05/2018	12/06/2018	12/06/2018			476.00
				Vendor 22153 - [REDACTED] Totals		Invoices	1		\$476.00
Vendor 6472 - [REDACTED] Import - 9423	WISACWIS- PID:0008038416_Voucher:01915 _IM_12/05/2018	Edit		12/05/2018	12/06/2018	12/06/2018			152.59
				Vendor 6472 - [REDACTED] Totals		Invoices	1		\$152.59
Vendor 22316 - [REDACTED] Import - 9421	WISACWIS- PID:0008079501_Voucher:01915 _IM_12/05/2018	Edit		12/05/2018	12/06/2018	12/06/2018			238.00
				Vendor 22316 - [REDACTED] Totals		Invoices	1		\$238.00
Vendor 16915 - [REDACTED] Import - 9414	WISACWIS- PID:0008042309_Voucher:01915 _IM_12/05/2018	Edit		12/05/2018	12/06/2018	12/06/2018			1,310.00
				Vendor 16915 - [REDACTED] Totals		Invoices	1		\$1,310.00
						Grand Totals		14	\$10,430.10

Accounts Payable Invoice Report

G/L Date Range 12/11/18 - 12/11/18

Report By Vendor - Invoice

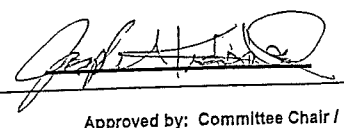
Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 6476 - OCONOMOWOC DEV TRAINING CENTER									
Import - 9428	WISACWIS- PID:0008019479_Voucher:01916 _IM_12/10/2018	Edit		12/10/2018	12/11/2018	12/11/2018			11,435.10
	Vendor 6476 - OCONOMOWOC DEV TRAINING CENTER	Totals				Invoices	1		\$11,435.10
	Grand Totals					Invoices	1		\$11,435.10

VOUCHER
STATE OF WISCONSIN 2018
Door County

Submitted By:
alaluzerne 11.09.2018

Approved by: Department Head:



Approved by: Committee Chair /
County Administrator

VENDOR # _____

New Vendor (Please Assign New #)
 One Time Vendor (Please Assign New #)

VENDOR NAME: Door County Dept of Human Services

VENDOR ADDRESS: c/o Dept Human Services

VENDOR ADDRESS: MONTHLY MEETING VOUCHERS

VENDOR ADDRESS: 421 Nebraska Street

- Added to Voucher Listing
- Voucher Listing Signed / Approved
Meeting Date _____
- Hold For Approval / Documentation
After Processing

↓ This Area to be Completed by Finance Department ↓

PAID BY _____

CHECK # _____

Fund	Dept	Sub Dept	Account Number	Detail	Description	@ Cost/Ea	Total Amount	Invoice Date	Vendor Invoice Number	
240	47				SUBMITTED FOR PAYMENT, BATCH 2018-536 November 2018- 1st Batch Processing		\$94,968.02		various - as attached	
VOUCHER TOTAL							\$ 94,968.02	← VOUCHER TOTAL		

27

Accounts Payable Invoice Report

G/L Date Range 11/09/18 - 11/09/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 9284 - [REDACTED] 102018	Oct 2018 Emp Mileage Reim	Edit		11/09/2018	11/09/2018	11/09/2018			42.51
			Vendor 9284 - [REDACTED] Totals			Invoices	1		\$42.51
Vendor 16735 - ABBY VANS INC 112018	Nov 2018 Purchase of D2D Vouchers (15 books)	Edit		11/09/2018	11/09/2018	11/09/2018			262.50
			Vendor 16735 - ABBY VANS INC Totals			Invoices	1		\$262.50
Vendor 7888 - AHNAPEE HILL CLEANING SERVICES 102018	Oct 2018 Household Cleaning	Edit		11/09/2018	11/09/2018	11/09/2018			413.00
			Vendor 7888 - AHNAPEE HILL CLEANING SERVICES Totals			Invoices	1		\$413.00
Vendor 21173 - [REDACTED] 102018	Oct 2018 Emp Mileage/Meal Reim	Edit		11/09/2018	11/09/2018	11/09/2018			108.27
			Vendor 21173 - [REDACTED] Totals			Invoices	1		\$108.27
Vendor 21177 - BAY COUNSELING CLINIC, LLP 102018	Oct 2018 CCS Services	Edit		11/09/2018	11/09/2018	11/09/2018			2,956.60
			Vendor 21177 - BAY COUNSELING CLINIC, LLP Totals			Invoices	1		\$2,956.60
Vendor 2176 - BELLIN HEALTH 102018	Oct 2018 CCS Services	Edit		11/09/2018	11/09/2018	11/09/2018			612.00
			Vendor 2176 - BELLIN HEALTH Totals			Invoices	1		\$612.00
Vendor 2435 - [REDACTED] 102018	Oct 2018 Emp Meal Reim	Edit		11/09/2018	11/09/2018	11/09/2018			25.00
			Vendor 2435 - [REDACTED] Totals			Invoices	1		\$25.00
Vendor 22596 - BROOKE MARNIE DEY 102018	Oct 2018 CCS Services 17.3hrs	Edit		11/09/2018	11/09/2018	11/09/2018			1,764.60
			Vendor 22596 - BROOKE MARNIE DEY Totals			Invoices	1		\$1,764.60
Vendor 3640 - BROTOLOC HEALTH CARE SYSTEM IN 102018	Sep/Oct CBRF/Room & Board/SHC	Edit		11/09/2018	11/09/2018	11/09/2018			10,299.25
			Vendor 3640 - BROTOLOC HEALTH CARE SYSTEM IN Totals			Invoices	1		\$10,299.25
Vendor 4818 - CELLCOM WISCONSIN RSA 10 102018	Sep/Oct 2018 Cell Phones	Edit		11/09/2018	11/09/2018	11/09/2018			2,731.59
			Vendor 4818 - CELLCOM WISCONSIN RSA 10 Totals			Invoices	1		\$2,731.59
Vendor 18581 - CLTS 112018	Nov 2018 Refunds	Edit		11/09/2018	11/09/2018	11/09/2018			144.80
			Vendor 18581 - CLTS Totals			Invoices	1		\$144.80

Accounts Payable Invoice Report²⁸

G/L Date Range 11/09/18 - 11/09/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount	
Vendor 6361 - COUNSELING ASSOCIATES OF DOOR 102018	Oct 2018 CCS Services	Edit		11/09/2018	11/09/2018	11/09/2018			11,505.60	
Vendor 6361 - COUNSELING ASSOCIATES OF DOOR Totals									Invoices 1	\$11,505.60
Vendor 21234 - CURATIVE CONNECTIONS, INC 102018	Oct 2018 CST/CCS Services	Edit		11/09/2018	11/09/2018	11/09/2018			2,373.60	
Vendor 21234 - CURATIVE CONNECTIONS, INC Totals									Invoices 1	\$2,373.60
Vendor 20518 - [REDACTED] 112018	Nov 2-4,2018 Respite	Edit		11/09/2018	11/09/2018	11/09/2018			200.00	
Vendor 20518 - [REDACTED] Totals									Invoices 1	\$200.00
Vendor 6876 - [REDACTED] 102018	Oct 2018 Emp Mileage Reim 534mi	Edit		11/09/2018	11/09/2018	11/09/2018			291.03	
Vendor 6876 - [REDACTED] Totals									Invoices 1	\$291.03
Vendor 12499 - DOOR COUNTY CLERK OF COURTS 112018	Nov 2018 Victim Witness Fees	Edit		11/09/2018	11/09/2018	11/09/2018			40.00	
Vendor 12499 - DOOR COUNTY CLERK OF COURTS Totals									Invoices 1	\$40.00
Vendor 8060 - [REDACTED] 102018	Oct 2018 Emp Mileage Reim 270mi	Edit		11/09/2018	11/09/2018	11/09/2018			147.15	
Vendor 8060 - [REDACTED] Totals									Invoices 1	\$147.15
Vendor 21410 - DYNAMIC FAMILY SOLUTIONS 102018	Oct 2018 CCS Services	Edit		11/09/2018	11/09/2018	11/09/2018			1,652.40	
Vendor 21410 - DYNAMIC FAMILY SOLUTIONS Totals									Invoices 1	\$1,652.40
Vendor 9674 - ECONO FOODS 102018	Oct 2018 HS Purchases	Edit		11/09/2018	11/09/2018	11/09/2018			199.76	
Vendor 9674 - ECONO FOODS Totals									Invoices 1	\$199.76
Vendor 22233 - [REDACTED] 112018	Oct/Nov 2018 Emp Mileage Reim	Edit		11/09/2018	11/09/2018	11/09/2018			239.80	
Vendor 22233 - [REDACTED] Totals									Invoices 1	\$239.80
Vendor 21809 - [REDACTED] 102018	Oct 2018 Emp Mileage Reim 48mi	Edit		11/09/2018	11/09/2018	11/09/2018			26.16	
Vendor 21809 - [REDACTED] Totals									Invoices 1	\$26.16

Accounts Payable Invoice Report²⁹

G/L Date Range 11/09/18 - 11/09/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 20081 - [REDACTED] 102018	Oct 2018 Emp Mileage Reim 220mi	Edit		11/09/2018	11/09/2018	11/09/2018			119.90
			Vendor 20081 - [REDACTED] Totals			Invoices	1		\$119.90
Vendor 8952 - [REDACTED] 102018	Oct 2018 Emp Mileage/Purchase Reim	Edit		11/09/2018	11/09/2018	11/09/2018			358.94
			Vendor 8952 - [REDACTED] Totals			Invoices	1		\$358.94
Vendor 3841 - FAMILY SERVICES 102018	Oct 2018 Healthy Families/Crisis Center	Edit		11/09/2018	11/09/2018	11/09/2018			2,780.00
			Vendor 3841 - FAMILY SERVICES Totals			Invoices	1		\$2,780.00
Vendor 9948 - HAKER COUNSELING LLC 102018	Oct/Nov 2018 AODA Services	Edit		11/09/2018	11/09/2018	11/09/2018			1,088.00
			Vendor 9948 - HAKER COUNSELING LLC Totals			Invoices	1		\$1,088.00
Vendor 17401 - HIRN MENTAL HEALTH COUNSELING 112018	November 2018 Wash Island Outpt	Edit		11/09/2018	11/09/2018	11/09/2018			420.00
			Vendor 17401 - HIRN MENTAL HEALTH COUNSELING Totals			Invoices	1		\$420.00
Vendor 8553 - [REDACTED] 102018	Oct 2018 B-3 Interpreting Services 5hrs	Edit		11/09/2018	11/09/2018	11/09/2018			175.00
			Vendor 8553 - [REDACTED] Totals			Invoices	1		\$175.00
Vendor 5078 - INNOVATIVE SERVICES, INC. 102018	Oct 2018 CCS Services 15.2hrs	Edit		11/09/2018	11/09/2018	11/09/2018			1,550.40
			Vendor 5078 - INNOVATIVE SERVICES, INC. Totals			Invoices	1		\$1,550.40
Vendor 22837 - JAY LIVINGSTON 102018	Oct 2018 CCS Contracted Services 34hrs	Edit		11/09/2018	11/09/2018	11/09/2018			1,190.00
			Vendor 22837 - JAY LIVINGSTON Totals			Invoices	1		\$1,190.00
Vendor 9816 - [REDACTED] 102018	Oct 22,2018 403.01 Rec Activity Swim Lessons	Edit		11/09/2018	11/09/2018	11/09/2018			55.00
			Vendor 9816 - [REDACTED] Totals			Invoices	1		\$55.00

Accounts Payable Invoice Report

G/L Date Range 11/09/18 - 11/09/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 102018	5555 - JULIE TOYNE Oct 2018 B-3 Therapy/Mileage	Edit		11/09/2018	11/09/2018	11/09/2018			5,477.91
			Vendor 5555 - JULIE TOYNE Totals			Invoices	1		\$5,477.91
Vendor 102018	22015 - [REDACTED] Oct 2018 Emp Mileage Reim 107mi	Edit		11/09/2018	11/09/2018	11/09/2018			58.32
			Vendor 22015 - [REDACTED] Totals			Invoices	1		\$58.32
Vendor 102018	12614 - [REDACTED] Oct 2018 Emp Mileage Reim 182mi	Edit		11/09/2018	11/09/2018	11/09/2018			99.19
			Vendor 12614 - [REDACTED] Totals			Invoices	1		\$99.19
Vendor 102018	14606 - LANGUAGE LINE SERVICES Oct 18 ES Interpretor Services 259min	Edit		11/09/2018	11/09/2018	11/09/2018			186.48
			Vendor 14606 - LANGUAGE LINE SERVICES Totals			Invoices	1		\$186.48
Vendor 102018	2006 - [REDACTED] Oct 2018 Emp Mileage Reim 596mi	Edit		11/09/2018	11/09/2018	11/09/2018			324.82
			Vendor 2006 - [REDACTED] Totals			Invoices	1		\$324.82
Vendor 102018	8169 - MICHAEL P SAYERS PHD Oct 18 Psych Services 45hrs	Edit		11/09/2018	11/09/2018	11/09/2018			3,206.25
			Vendor 8169 - MICHAEL P SAYERS PHD Totals			Invoices	1		\$3,206.25
Vendor 102018	13894 - MILL SUPPER CLUB Oct 2018 Foster Parent Appreciation Banquet Dinner	Edit		11/09/2018	11/09/2018	11/09/2018			734.40
			Vendor 13894 - MILL SUPPER CLUB Totals			Invoices	1		\$734.40
Vendor 102018	9954 - MOVING FORWARD LLC Oct 2018 Moving Expenses	Edit		11/09/2018	11/09/2018	11/09/2018			450.00
			Vendor 9954 - MOVING FORWARD LLC Totals			Invoices	1		\$450.00
Vendor 102018	2040 - MSIMACS LLC Oct 2018 Crisis on Call	Edit		11/09/2018	11/09/2018	11/09/2018			1,650.00
			Vendor 2040 - MSIMACS LLC Totals			Invoices	1		\$1,650.00

Accounts Payable Invoice Report

G/L Date Range 11/09/18 - 11/09/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 17788 - OPTIONS LAB, INC 102018	Oct 2018 Drug Screens	Edit		11/09/2018	11/09/2018	11/09/2018			300.00
Vendor 17788 - OPTIONS LAB, INC Totals									Invoices 1 <u>300.00</u>
Vendor 9732 - PATHWAYS TO A BETTER LIFE LLC 102018	Oct 1-26,2018 AODA Residential Treatment	Edit		11/09/2018	11/09/2018	11/09/2018			5,668.00
Vendor 9732 - PATHWAYS TO A BETTER LIFE LLC Totals									Invoices 1 <u>\$5,668.00</u>
Vendor 17442 - PHOENIX BEHAVIORAL HEALTH SVC 102018	Oct 2018 CCS Services	Edit		11/09/2018	11/09/2018	11/09/2018			3,284.40
Vendor 17442 - PHOENIX BEHAVIORAL HEALTH SVC Totals									Invoices 1 <u>\$3,284.40</u>
Vendor 5008 - PROFESSIONAL GUARDIANSHIPS INC 102018	Oct 2018 Guardianship Services	Edit		11/09/2018	11/09/2018	11/09/2018			223.00
Vendor 5008 - PROFESSIONAL GUARDIANSHIPS INC Totals									Invoices 1 <u>\$223.00</u>
Vendor 8409 - RMR SERVICES, TRANSLATING & 102018	Oct 2018 Interpreting Services 1hr	Edit		11/09/2018	11/09/2018	11/09/2018			35.00
Vendor 8409 - RMR SERVICES, TRANSLATING & Totals									Invoices 1 <u>\$35.00</u>
Vendor 11392 - [REDACTED] 102018	July-Oct 2018 Emp Mileage Reim	Edit		11/09/2018	11/09/2018	11/09/2018			45.24
Vendor 11392 - [REDACTED] Totals									Invoices 1 <u>\$45.24</u>
Vendor 7694 - SPECIALIZED SERVICES LLC 102018	Oct 2018 CCS/CCOP/CSP Tech	Edit		11/09/2018	11/09/2018	11/09/2018			10,347.53
Vendor 7694 - SPECIALIZED SERVICES LLC Totals									Invoices 1 <u>\$10,347.53</u>
Vendor 15069 - STAPLES ADVANTAGE 102018-2	Oct 2018 HS Office Supplies	Edit		11/09/2018	11/09/2018	11/09/2018			562.54
Vendor 15069 - STAPLES ADVANTAGE Totals									Invoices 1 <u>\$562.54</u>
Vendor 22199 - STRATEGIC BEHAVIORAL HEALTH 92018	Sept 18 Inpatient Services 4 days	Edit		11/09/2018	11/09/2018	11/09/2018			3,220.33
Vendor 22199 - STRATEGIC BEHAVIORAL HEALTH Totals									Invoices 1 <u>\$3,220.33</u>
Vendor 22555 - [REDACTED] 102018-3	Oct 16-30,2018 Emp Mileage Reim	Edit		11/09/2018	11/09/2018	11/09/2018			170.04
Vendor 22555 - [REDACTED] Totals									Invoices 1 <u>\$170.04</u>

Accounts Payable Invoice Report

G/L Date Range 11/09/18 - 11/09/18
 Report By Vendor - Invoice
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 14752 - THE CHANGE COMPANIES									
102018	Oct 2018 Adult/Adolescent LOCI Forms	Edit		11/09/2018	11/09/2018	11/09/2018			677.25
				Vendor 14752 - THE CHANGE COMPANIES Totals			Invoices	1	\$677.25
Vendor 3823 - TIMOTHY HICKEY									
102018	Oct 2018 OWI Assessments/No Shows	Edit		11/09/2018	11/09/2018	11/09/2018			705.00
				Vendor 3823 - TIMOTHY HICKEY Totals			Invoices	1	\$705.00
Vendor 16915 [REDACTED]									
102018-3	October/November 2018 Respite	Edit		11/09/2018	11/09/2018	11/09/2018			200.00
				Vendor 16915 [REDACTED] Totals			Invoices	1	\$200.00
Vendor 22349 - UNLIMITED POSSIBILITIES									
102018	Oct 2018 CBRF	Edit		11/09/2018	11/09/2018	11/09/2018			9,010.00
				Vendor 22349 - UNLIMITED POSSIBILITIES Totals			Invoices	1	\$9,010.00
Vendor 4252 - UW OSHKOSH									
112018	Nov 2018 Ethics & Boundaries Conf Fee	Edit		11/09/2018	11/09/2018	11/09/2018			99.00
				Vendor 4252 - UW OSHKOSH Totals			Invoices	1	\$99.00
Vendor 7086 - UWSP									
92018	Sep 18 Aging & Disability Conf Fee	Edit		11/09/2018	11/09/2018	11/09/2018			175.00
				Vendor 7086 - UWSP Totals			Invoices	1	\$175.00
Vendor 13022 - WENDY RAY									
102018	Oct 2018 B-3 Therapy/Mileage	Edit		11/09/2018	11/09/2018	11/09/2018			3,931.03
				Vendor 13022 - WENDY RAY Totals			Invoices	1	\$3,931.03
Vendor 4331 - WI DEPT OF JUSTICE CRIME INFO									
102018	Sep/Oct 2018 Background Checks	Edit		11/09/2018	11/09/2018	11/09/2018			200.00
				Vendor 4331 - WI DEPT OF JUSTICE CRIME INFO Totals			Invoices	1	\$200.00
Vendor 5999 - WISCONSIN DOCUMENT IMAGING									
102018	Oct 2018 HS/APS Copies	Edit		11/09/2018	11/09/2018	11/09/2018			154.43
				Vendor 5999 - WISCONSIN DOCUMENT IMAGING Totals			Invoices	1	\$154.43
				Grand Totals			Invoices	58	\$94,968.02

Accounts Payable Invoice Report

G/L Date Range 11/21/18 - 11/21/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 9284 - [REDACTED] 92018	Sep 2018 Emp Mileage Reim	Edit		11/21/2018	11/21/2018	11/21/2018			97.02
			Vendor 9284 - [REDACTED] Totals				Invoices	1	\$97.02
Vendor 17929 - ADVOCATES FOR HEALTHY 102018	Oct 2018 CCS Services	Edit		11/21/2018	11/21/2018	11/21/2018			4,444.10
			Vendor 17929 - ADVOCATES FOR HEALTHY Totals				Invoices	1	\$4,444.10
Vendor 12354 - AURORA MEDICAL GROUP 102018	Oct 2018 Drug Screen	Edit		11/21/2018	11/21/2018	11/21/2018			33.00
			Vendor 12354 - AURORA MEDICAL GROUP Totals				Invoices	1	\$33.00
Vendor 21177 - BAY COUNSELING CLINIC, LLP 102018-2	Oct 2018 CCS Services	Edit		11/21/2018	11/21/2018	11/21/2018			775.20
			Vendor 21177 - BAY COUNSELING CLINIC, LLP Totals				Invoices	1	\$775.20
Vendor 11048 - BELLIN PSYCHIATRIC CENTER 112018	Nov 2018 Inpatient Services	Edit		11/21/2018	11/21/2018	11/21/2018			627.00
			Vendor 11048 - BELLIN PSYCHIATRIC CENTER Totals				Invoices	1	\$627.00
Vendor 2571 - BOYS & GIRLS CLUB OF DOOR CNTY 102018	Oct 2018 CCS Services	Edit		11/21/2018	11/21/2018	11/21/2018			884.00
			Vendor 2571 - BOYS & GIRLS CLUB OF DOOR CNTY Totals				Invoices	1	\$884.00
Vendor 16015 - BROWN CO COMUNITY TREATMNT CNT 062018	June 2018 Transportation Charges	Edit		11/21/2018	11/21/2018	11/21/2018			98.50
			Vendor 16015 - BROWN CO COMUNITY TREATMNT CNT Totals				Invoices	1	\$98.50
Vendor 21443 - [REDACTED] 102018	Aug-Oct 2018 Emp Mileage Reim	Edit		11/21/2018	11/21/2018	11/21/2018			186.40
			Vendor 21443 - [REDACTED] Totals				Invoices	1	\$186.40
Vendor 4818 - CELLCOM WISCONSIN RSA 10 112018	Nov 2018 HS/APS/WHEAP/CCS Cell Phones	Edit		11/21/2018	11/21/2018	11/21/2018			686.16
			Vendor 4818 - CELLCOM WISCONSIN RSA 10 Totals				Invoices	1	\$686.16
Vendor 18581 - CLTS 112018-2	Aug 2018 Refunds	Edit		11/21/2018	11/21/2018	11/21/2018			166.75
			Vendor 18581 - CLTS Totals				Invoices	1	\$166.75
Vendor 6361 - COUNSELING ASSOCIATES OF DOOR 102018-2	Oct 2018 CCS Services	Edit		11/21/2018	11/21/2018	11/21/2018			1,591.20
			Vendor 6361 - COUNSELING ASSOCIATES OF DOOR Totals				Invoices	1	\$1,591.20

Accounts Payable Invoice Report

G/L Date Range 11/21/18 - 11/21/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 8770 - DOOR COUNTY MEMORIAL HOSPITAL									
102018	Oct 2018 B-3 PT/OT Mileage/Therapy	Edit		11/21/2018	11/21/2018	11/21/2018			5,661.78
Vendor 8770 - DOOR COUNTY MEMORIAL HOSPITAL Totals									Invoices 1 <u>\$5,661.78</u>
Vendor 1836 - DOOR COUNTY YMCA									
122018	Oct 2018-May 2019 YMCA Membership Fees	Edit		11/21/2018	11/21/2018	11/21/2018			222.00
Vendor 1836 - DOOR COUNTY YMCA Totals									Invoices 1 <u>\$222.00</u>
Vendor 8060 - [REDACTED]									
112018	Nov 2018 Lunch for Permanency Roundtable	Edit		11/21/2018	11/21/2018	11/21/2018			40.49
Vendor 8060 - [REDACTED] Totals									Invoices 1 <u>\$40.49</u>
Vendor 21410 - DYNAMIC FAMILY SOLUTIONS									
102018-2	Oct 18 CCS Services .8hrs	Edit		11/21/2018	11/21/2018	11/21/2018			81.60
Vendor 21410 - DYNAMIC FAMILY SOLUTIONS Totals									Invoices 1 <u>\$81.60</u>
Vendor 22233 - [REDACTED]									
112018-2	Nov 13-20,2018 Emp Mileage Reim 440mi	Edit		11/21/2018	11/21/2018	11/21/2018			239.80
Vendor 22233 - [REDACTED] Totals									Invoices 1 <u>\$239.80</u>
Vendor 3841 - FAMILY SERVICES									
102018-2	Oct 2018 CCS/CST/SELF Services	Edit		11/21/2018	11/21/2018	11/21/2018			14,405.00
Vendor 3841 - FAMILY SERVICES Totals									Invoices 1 <u>\$14,405.00</u>
Vendor 2313 - GENERATIONS COMMUNITY SERVICES									
102018	Oct 2018 CCS Services	Edit		11/21/2018	11/21/2018	11/21/2018			9,504.10
Vendor 2313 - GENERATIONS COMMUNITY SERVICES Totals									Invoices 1 <u>\$9,504.10</u>
Vendor 9948 - HAKER COUNSELING LLC									
112018	Nov 13-22,2018 AODA Services 36hrs	Edit		11/21/2018	11/21/2018	11/21/2018			1,224.00
Vendor 9948 - HAKER COUNSELING LLC Totals									Invoices 1 <u>\$1,224.00</u>
Vendor 13227 - HAZELDEN									
112018	Nov 18 Medallions for AODA Group Graduates	Edit		11/21/2018	11/21/2018	11/21/2018			136.46
Vendor 13227 - HAZELDEN Totals									Invoices 1 <u>\$136.46</u>

Accounts Payable Invoice Report

G/L Date Range 11/21/18 - 11/21/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 22752 - HUMAN RELATIONS MEDIA INC 112018	Nov 2018 Substance Abuses DVD Order	Edit		11/21/2018	11/21/2018	11/21/2018			1,099.95
Vendor 22752 - HUMAN RELATIONS MEDIA INC Totals									Invoices 1 <u>\$1,099.95</u>
Vendor 21360 - JUSTICEPOINT, INC 102018	Aug-Oct 2018 Electronic Monitoring	Edit		11/21/2018	11/21/2018	11/21/2018			1,879.45
Vendor 21360 - JUSTICEPOINT, INC Totals									Invoices 1 <u>\$1,879.45</u>
Vendor 17200 - LAKESHORE CAP, INC. 102018-2	Oct 2018 CSP Tech/Peer Specialist	Edit		11/21/2018	11/21/2018	11/21/2018			456.45
Vendor 17200 - LAKESHORE CAP, INC. Totals									Invoices 1 <u>\$456.45</u>
Vendor 22295 - [REDACTED] 112018	Nov 2018 Emp Meal Reim	Edit		11/21/2018	11/21/2018	11/21/2018			34.00
Vendor 22295 - [REDACTED] Totals									Invoices 1 <u>\$34.00</u>
Vendor 18398 - [REDACTED] 102018	Oct 2018 Emp Mileage Reim 546mi	Edit		11/21/2018	11/21/2018	11/21/2018			297.57
Vendor 18398 - [REDACTED] Totals									Invoices 1 <u>\$297.57</u>
Vendor 17442 - PHOENIX BEHAVIORAL HEALTH SVC 102018-2	October 2018 CCS Services	Edit		11/21/2018	11/21/2018	11/21/2018			2,284.80
Vendor 17442 - PHOENIX BEHAVIORAL HEALTH SVC Totals									Invoices 1 <u>\$2,284.80</u>
Vendor 9832 - PLAY THERAPY SUPPLY LLC 112018	Oct/Nov 2018 CST Purchases	Edit		11/21/2018	11/21/2018	11/21/2018			163.58
Vendor 9832 - PLAY THERAPY SUPPLY LLC Totals									Invoices 1 <u>\$163.58</u>
Vendor 29071 - SHEBOYGAN COUNTY TREASURER 102018	Oct 18 Juvenile Boarder 3 days	Edit		11/21/2018	11/21/2018	11/21/2018			300.00
Vendor 29071 - SHEBOYGAN COUNTY TREASURER Totals									Invoices 1 <u>\$300.00</u>
Vendor 3394 - SHERRY PESCH 102018	Oct 2018 DD/CSP Bookkeeping Services 48.25hrs	Edit		11/21/2018	11/21/2018	11/21/2018			1,013.25
Vendor 3394 - SHERRY PESCH Totals									Invoices 1 <u>\$1,013.25</u>

Accounts Payable Invoice Report

G/L Date Range 11/21/18 - 11/21/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 112018	15069 - STAPLES ADVANTAGE Nov 2018 HS Office Supplies	Edit		11/21/2018	11/21/2018	11/21/2018			358.68
	Vendor 15069 - STAPLES ADVANTAGE Totals					Invoices	1		\$358.68
Vendor 112018	22555 - [REDACTED] Oct/Nov 2018 Emp Mileage Reim	Edit		11/21/2018	11/21/2018	11/21/2018			79.03
	Vendor 22555 [REDACTED] Totals					Invoices	1		\$79.03
Vendor 112018	15310 - THERAPY SHOPPE Nov 2018 CST Orders	Edit		11/21/2018	11/21/2018	11/21/2018			680.34
	Vendor 15310 - THERAPY SHOPPE Totals					Invoices	1		\$680.34
Vendor 112018	16915 - [REDACTED] November 2018 Respite	Edit		11/21/2018	11/21/2018	11/21/2018			200.00
	Vendor 16915 [REDACTED] Totals					Invoices	1		\$200.00
Vendor 102018	17638 - TREMPALEAU CNTY HEALTH CARE Oct 5-31,2018 IMD Services	Edit		11/21/2018	11/21/2018	11/21/2018			8,991.00
	Vendor 17638 - TREMPALEAU CNTY HEALTH CARE Totals					Invoices	1		\$8,991.00
	Grand Totals					Invoices	34		\$58,942.66

Accounts Payable Invoice Report

G/L Date Range 12/07/18 - 12/07/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 10005 - [REDACTED] 042018	April 2018 Restitution	Edit		12/07/2018	12/07/2018	12/07/2018			210.00
Vendor 10005 - [REDACTED] Totals						Invoices	1		\$210.00
Vendor 9284 - [REDACTED] 112018	Nov 2018 Emp Mileage Reim 88mi	Edit		12/07/2018	12/07/2018	12/07/2018			47.96
Vendor 9284 - [REDACTED] Totals						Invoices	1		\$47.96
Vendor 16735 - ABBY VANS INC 122018	Dec 2018 Purchase of D2D Booklets (40)	Edit		12/07/2018	12/07/2018	12/07/2018			700.00
Vendor 16735 - ABBY VANS INC Totals						Invoices	1		\$700.00
Vendor 17929 - ADVOCATES FOR HEALTHY 102018-2	Oct 2018 CCS Services 7.1hrs	Edit		12/07/2018	12/07/2018	12/07/2018			305.30
Vendor 17929 - ADVOCATES FOR HEALTHY Totals						Invoices	1		\$305.30
Vendor 2140 - BEAR GRAPHICS INC 112018	Nov 2018 HS Calendars	Edit		12/07/2018	12/07/2018	12/07/2018			59.36
Vendor 2140 - BEAR GRAPHICS INC Totals						Invoices	1		\$59.36
Vendor 11048 - BELLIN PSYCHIATRIC CENTER 112018-2	Nov 2018 Inpatient Services	Edit		12/07/2018	12/07/2018	12/07/2018			4,870.40
Vendor 11048 - BELLIN PSYCHIATRIC CENTER Totals						Invoices	1		\$4,870.40
Vendor 2571 - BOYS & GIRLS CLUB OF DOOR CNTY 112018	Nov 2018 CCS Services	Edit		12/07/2018	12/07/2018	12/07/2018			265.20
Vendor 2571 - BOYS & GIRLS CLUB OF DOOR CNTY Totals						Invoices	1		\$265.20
Vendor 22222 - [REDACTED] 112018	Nov 2018 Emp Mileage Reim 148mi	Edit		12/07/2018	12/07/2018	12/07/2018			80.66
Vendor 22222 - [REDACTED] Totals						Invoices	1		\$80.66
Vendor 22596 - BROOKE MARNIE DEY 112018	Nov 2018 CCS Services 11.4hrs	Edit		12/07/2018	12/07/2018	12/07/2018			1,162.80
Vendor 22596 - BROOKE MARNIE DEY Totals						Invoices	1		\$1,162.80
Vendor 3640 - BROTOLOC HEALTH CARE SYSTEM IN 112018	Nov 2018 SHC/CBRF	Edit		12/07/2018	12/07/2018	12/07/2018			10,147.75
Vendor 3640 - BROTOLOC HEALTH CARE SYSTEM IN Totals						Invoices	1		\$10,147.75
Vendor 3680 - BROWN COUNTY HUMAN SERVICES 122018	Dec 2018 Q3 Fraud Prevention	Edit		12/07/2018	12/07/2018	12/07/2018			1,153.55
Vendor 3680 - BROWN COUNTY HUMAN SERVICES Totals						Invoices	1		\$1,153.55

Accounts Payable Invoice Report

G/L Date Range 12/07/18 - 12/07/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 9849 - C.A.R.I.N.G. 112018	Nov 2018 Crisis Services	Edit		12/07/2018	12/07/2018	12/07/2018			690.00
			Vendor 9849 - C.A.R.I.N.G. Totals			Invoices	1		\$690.00
Vendor 5929 - CDW GOVERNMENT INC 102018-2	Oct 2018 AODA Privacy Screens	Edit		12/07/2018	12/07/2018	12/07/2018			141.26
			Vendor 5929 - CDW GOVERNMENT INC Totals			Invoices	1		\$141.26
Vendor 15237 - CLINICAL DATA SOLUTIONS LLC 122018	2019 TCM Maintenance/2018 E- Prescribing Maint	Edit		12/07/2018	12/07/2018	12/07/2018			17,390.00
			Vendor 15237 - CLINICAL DATA SOLUTIONS LLC Totals			Invoices	1		\$17,390.00
Vendor 17122 - CORPORATE GUARDIANS OF NEW 112018	Nov/Dec 2018 Guardianship Services	Edit		12/07/2018	12/07/2018	12/07/2018			600.00
			Vendor 17122 - CORPORATE GUARDIANS OF NEW Totals			Invoices	1		\$600.00
Vendor 6876 - [REDACTED] 112018	Nov 2018 Emp Mileage Reim 455mi	Edit		12/07/2018	12/07/2018	12/07/2018			247.98
			Vendor 6876 - [REDACTED] Totals			Invoices	1		\$247.98
Vendor 12499 - DOOR COUNTY CLERK OF COURTS 42018	Apr 2018 Victim Witness Fees	Edit		12/07/2018	12/07/2018	12/07/2018			10.00
			Vendor 12499 - DOOR COUNTY CLERK OF COURTS Totals			Invoices	1		\$10.00
Vendor 1836 - DOOR COUNTY YMCA 112018	Oct 18-Oct 19 Membership Fees/Nov 18 Swim Lessons	Edit		12/07/2018	12/07/2018	12/07/2018			514.19
			Vendor 1836 - DOOR COUNTY YMCA Totals			Invoices	1		\$514.19
Vendor 9674 - ECONO FOODS 112018	Nov 2018 CST Speaker Series	Edit		12/07/2018	12/07/2018	12/07/2018			14.83
			Vendor 9674 - ECONO FOODS Totals			Invoices	1		\$14.83
Vendor 22233 - [REDACTED] 122018	Nov 27-Dec 6,2018 Emp Mileage Reim	Edit		12/07/2018	12/07/2018	12/07/2018			249.61
			Vendor 22233 - [REDACTED] Totals			Invoices	1		\$249.61

41
Accounts Payable Invoice Report

G/L Date Range 12/07/18 - 12/07/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 21809 - [REDACTED] 112018	Nov 2018 Emp Mileage Reim 48mi	Edit		12/07/2018	12/07/2018	12/07/2018			26.16
			Vendor 21809 - [REDACTED] Totals			Invoices	1		\$26.16
Vendor 21312 - [REDACTED] 112018	Nov 2018 CCOP Purchases	Edit		12/07/2018	12/07/2018	12/07/2018			137.95
			Vendor 21312 - [REDACTED] Totals			Invoices	1		\$137.95
Vendor 20081 - [REDACTED] 112018	Nov 2018 Emp Mileage Reim 70mi	Edit		12/07/2018	12/07/2018	12/07/2018			38.15
			Vendor 20081 - [REDACTED] Totals			Invoices	1		\$38.15
Vendor 9831 - ENTERTAINMENT DIRECT LLC 102018	Oct 2018 STRIDE Order SBHS	Edit		12/07/2018	12/07/2018	12/07/2018			34.12
			Vendor 9831 - ENTERTAINMENT DIRECT LLC Totals			Invoices	1		\$34.12
Vendor 22607 - FUN AND FUNCTION LLC 112018	Nov 2018 CST Purchases	Edit		12/07/2018	12/07/2018	12/07/2018			268.88
			Vendor 22607 - FUN AND FUNCTION LLC Totals			Invoices	1		\$268.88
Vendor 10001 - [REDACTED] 122018	Dec 2018 Entertainment for CSP Holiday Party	Edit		12/07/2018	12/07/2018	12/07/2018			100.00
			Vendor 10001 - [REDACTED] Totals			Invoices	1		\$100.00
Vendor 9948 - HAKER COUNSELING LLC 112018-2	Nov 18 CCS /Nov-Dec 2018 AODA Services	Edit		12/07/2018	12/07/2018	12/07/2018			1,883.60
			Vendor 9948 - HAKER COUNSELING LLC Totals			Invoices	1		\$1,883.60
Vendor 19699 - [REDACTED] 112018	November 2018 Respite	Edit		12/07/2018	12/07/2018	12/07/2018			150.00
			Vendor 19699 - [REDACTED] Totals			Invoices	1		\$150.00
Vendor 13420 - HELP OF DOOR COUNTY INC 102018	Oct/Nov 2018 Supervised Visits/WEAV	Edit		12/07/2018	12/07/2018	12/07/2018			2,181.25
			Vendor 13420 - HELP OF DOOR COUNTY INC Totals			Invoices	1		\$2,181.25
Vendor 8553 - [REDACTED] 112018	Nov 18 B-3 Interpreting Services 4hrs	Edit		12/07/2018	12/07/2018	12/07/2018			140.00
			Vendor 8553 - [REDACTED] Totals			Invoices	1		\$140.00

Accounts Payable Invoice Report

G/L Date Range 12/07/18 - 12/07/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 13103 - IPAT INC									
122018	Dec 2018 Psych Eval	Edit		12/07/2018	12/07/2018	12/07/2018			41.50
			Vendor 13103 - IPAT INC Totals			Invoices	1		\$41.50
Vendor 22837 - JAY LIVINGSTON									
112018	Nov 2018 CCS Contracted Services 26hrs	Edit		12/07/2018	12/07/2018	12/07/2018			910.00
			Vendor 22837 - JAY LIVINGSTON Totals			Invoices	1		\$910.00
Vendor 5555 - JULIE TOYNE									
112018	Nov 2018 B-3 Therapy/Mileage	Edit		12/07/2018	12/07/2018	12/07/2018			5,018.41
			Vendor 5555 - JULIE TOYNE Totals			Invoices	1		\$5,018.41
Vendor 1862 - [REDACTED]									
122018	Aug/Sep 2018 CCOP Purchases	Edit		12/07/2018	12/07/2018	12/07/2018			40.00
			Vendor 1862 - [REDACTED] Totals			Invoices	1		\$40.00
Vendor 22015 - [REDACTED]									
112018	Nov 2018 Emp Mileage/Meal Reim	Edit		12/07/2018	12/07/2018	12/07/2018			69.88
			Vendor 22015 - [REDACTED] Totals			Invoices	1		\$69.88
Vendor 3363 - LACKIE RENTALS & REMODELING									
122018	Dec 2018 Rent	Edit		12/07/2018	12/07/2018	12/07/2018			525.00
			Vendor 3363 - LACKIE RENTALS & REMODELING Totals			Invoices	1		\$525.00
Vendor 14606 - LANGUAGE LINE SERVICES									
112018	Nov 18 ES Interpreter Services 188min	Edit		12/07/2018	12/07/2018	12/07/2018			136.39
			Vendor 14606 - LANGUAGE LINE SERVICES Totals			Invoices	1		\$136.39
Vendor 2006 - [REDACTED]									
112018	Nov 2018 Emp Mileage Reim 259mi	Edit		12/07/2018	12/07/2018	12/07/2018			141.16
			Vendor 2006 - [REDACTED] Totals			Invoices	1		\$141.16
Vendor 9835 - [REDACTED]									
112018	Nov/Dec Emp Training Mileage Reim	Edit		12/07/2018	12/07/2018	12/07/2018			210.92
			Vendor 9835 - [REDACTED] Totals			Invoices	1		\$210.92
Vendor 8169 - MICHAEL P SAYERS PHD									
112018	Nov 2018 Psych Services 27hrs	Edit		12/07/2018	12/07/2018	12/07/2018			1,923.75
			Vendor 8169 - MICHAEL P SAYERS PHD Totals			Invoices	1		\$1,923.75

Accounts Payable Invoice Report

G/L Date Range 12/07/18 - 12/07/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 2040 - MSIMACS LLC 112018	Nov 2018 Crisis on Call	Edit		12/07/2018	12/07/2018	12/07/2018			1,730.00
			Vendor 2040 - MSIMACS LLC Totals			Invoices	1		\$1,730.00
Vendor 18398 - [REDACTED] 112018	Nov 2018 Emp Mileage Reim	Edit		12/07/2018	12/07/2018	12/07/2018			216.08
			Vendor 18398 - [REDACTED] Totals			Invoices	1		\$216.08
Vendor 17788 - OPTIONS LAB, INC 112018	Nov 2018 Drug Screens	Edit		12/07/2018	12/07/2018	12/07/2018			178.00
			Vendor 17788 - OPTIONS LAB, INC Totals			Invoices	1		\$178.00
Vendor 9732 - PATHWAYS TO A BETTER LIFE LLC 112018	Nov 1-30,2018 Door Cty Sober Living	Edit		12/07/2018	12/07/2018	12/07/2018			444.00
			Vendor 9732 - PATHWAYS TO A BETTER LIFE LLC Totals			Invoices	1		\$444.00
Vendor 13684 - PESI LLC 122018	Dec 2018 AODA Book Order	Edit		12/07/2018	12/07/2018	12/07/2018			66.97
			Vendor 13684 - PESI LLC Totals			Invoices	1		\$66.97
Vendor 5008 - PROFESSIONAL GUARDIANSHIPS INC 112018	Nov 2018 Guardianship Services	Edit		12/07/2018	12/07/2018	12/07/2018			223.00
			Vendor 5008 - PROFESSIONAL GUARDIANSHIPS INC Totals			Invoices	1		\$223.00
Vendor 22245 - [REDACTED] 102018	Oct 2018 403.01 Rec Activities	Edit		12/07/2018	12/07/2018	12/07/2018			87.06
			Vendor 22245 - [REDACTED] Totals			Invoices	1		\$87.06
Vendor 15069 - STAPLES ADVANTAGE 112018-2	Nov 2018 HS Supplies/Return	Edit		12/07/2018	12/07/2018	12/07/2018			61.80
			Vendor 15069 - STAPLES ADVANTAGE Totals			Invoices	1		\$61.80
Vendor 22555 - [REDACTED] 112018-2	Nov 15,28,2018 Emp Mileage Reim 134mi	Edit		12/07/2018	12/07/2018	12/07/2018			73.03
			Vendor 22555 - [REDACTED] Totals			Invoices	1		\$73.03
Vendor 3823 - TIMOTHY HICKEY 112018	Nov 2018 OWI Assessments/No Show	Edit		12/07/2018	12/07/2018	12/07/2018			485.00
			Vendor 3823 - TIMOTHY HICKEY Totals			Invoices	1		\$485.00

Accounts Payable Invoice Report

G/L Date Range 12/07/18 - 12/07/18

Report By Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 9997 - TRICARE EAST REGION 112018	Jan 2018 Refunds	Edit		12/07/2018	12/07/2018	12/07/2018			105.60
			Vendor 9997 - TRICARE EAST REGION Totals			Invoices	1		<u>\$105.60</u>
Vendor 502 - UNITED WAY OF DOOR COUNTY 122018	Dec 2018 Challenge Day/Aoda Prevention	Edit		12/07/2018	12/07/2018	12/07/2018			6,457.88
			Vendor 502 - UNITED WAY OF DOOR COUNTY Totals			Invoices	1		<u>\$6,457.88</u>
Vendor 22349 - UNLIMITED POSSIBILITIES 112018	Nov 2018 CBRF	Edit		12/07/2018	12/07/2018	12/07/2018			10,200.00
			Vendor 22349 - UNLIMITED POSSIBILITIES Totals			Invoices	1		<u>\$10,200.00</u>
Vendor 13022 - WENDY RAY 112018	Nov 2018 B-3 Therapy/Mileage	Edit		12/07/2018	12/07/2018	12/07/2018			3,278.34
			Vendor 13022 - WENDY RAY Totals			Invoices	1		<u>\$3,278.34</u>
Vendor 4331 - WI DEPT OF JUSTICE CRIME INFO 112018	Nov 2018 Background Checks/Fingerprinting	Edit		12/07/2018	12/07/2018	12/07/2018			90.00
			Vendor 4331 - WI DEPT OF JUSTICE CRIME INFO Totals			Invoices	1		<u>\$90.00</u>
Vendor 5999 - WISCONSIN DOCUMENT IMAGING 112018	Nov 2018 HS/APS Copies/Staples	Edit		12/07/2018	12/07/2018	12/07/2018			202.08
			Vendor 5999 - WISCONSIN DOCUMENT IMAGING Totals			Invoices	1		<u>\$202.08</u>
			Grand Totals			Invoices	56		<u><u>\$76,736.81</u></u>

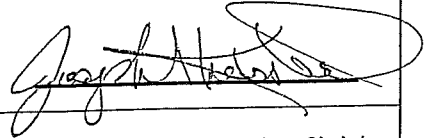
VOUCHER

STATE OF WISCONSIN

2018

Door County

Submitted By: _____
 rmark

Approved by: Department Head:


Approved by: Committee Chair /
 County Administrator

VENDOR # _____

- New Vendor (Please Assign New #)
 One Time Vendor (Please Assign New #)

VENDOR NAME: Door County Dept of Human Services

VENDOR ADDRESS: c/o Dept Human Services

VENDOR ADDRESS: MONTHLY MEETING VOUCHERS

VENDOR ADDRESS: 421 Nebraska Street

Added to Voucher Listing

PAID BY
CHECK # _____

↓ This Area to be Completed by Finance Department ↓ →

Voucher Listing Signed / Approved

Meeting Date _____

Hold For Approval / Documentation After Processing

Fund	Dept	Sub Dept	Account Number	Detail	Description	@ Cost/Ea	Total Amount	Invoice Date	Vendor Invoice Number	
204	23				SUBMITTED FOR PAYMENT, BATCH #2018-00000544- 2018 Human Services vouchers to date. November processing		\$ 11,540.29		various - as attached	
VOUCHER TOTAL							\$ 11,540.29	VOUCHER TOTAL		

ADRC, 1st batch, Nov. 2018

Accounts Payable Invoice Report

G/L Date Range 11/09/18 - 11/09/18
 Report By Department - Batch - Vendor - Invoice
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount	
Department 23 - HS Resource Center										
Batch Number 2018-0000544		Batch Date 11/09/2018			Entered by User Robin Mark					
Vendor 13325 - ADVOCATES-INDEPENDENT LIVINGII										
13325 OCT2018	OCT RSP/HOMECARE/PERSONAL CARES	Edit		11/09/2018	11/09/2018	11/09/2018			675.23	
Vendor 13325 - ADVOCATES-INDEPENDENT LIVINGII Totals									Invoices 1	\$675.23
Vendor 6269 - [REDACTED]										
6269 OCT2018	OCT MEALSITE MILEAGE REIMB-BH	Edit		11/09/2018	11/09/2018	11/09/2018			62.14	
Vendor 6269 - [REDACTED] Totals									Invoices 1	\$62.14
Vendor 21194 - [REDACTED]										
21194 NOV 2018	ADRC ENTERTAINMENT	Edit		11/09/2018	11/09/2018	11/09/2018			50.00	
Vendor 21194 - [REDACTED] Totals									Invoices 1	\$50.00
Vendor 257 - BROTHERS DAIRY										
257 OCT2018B	RAW FOOD	Edit		11/09/2018	11/09/2018	11/09/2018			361.00	
Vendor 257 - BROTHERS DAIRY Totals									Invoices 1	\$361.00
Vendor 18153 - [REDACTED]										
18153 NOV/DEC18	NOV/DEC MENU REVIEW/NEWSLETTER	Edit		11/09/2018	11/09/2018	11/09/2018			142.50	
Vendor 18153 - [REDACTED] Totals									Invoices 1	\$142.50
Vendor 5929 - CDW GOVERNMENT INC										
PQH1028 ADRC	MONITOR PRIVACY SCREENS RECEPTION AREA ADRC	Edit		11/09/2018	11/09/2018	11/09/2018			211.89	
Vendor 5929 - CDW GOVERNMENT INC Totals									Invoices 1	\$211.89
Vendor 16496 - DOOR-TRAN										
16496 OCT 2018	OCT STAFF HOURS	Edit		11/09/2018	11/09/2018	11/09/2018			750.00	
Vendor 16496 - DOOR-TRAN Totals									Invoices 1	\$750.00
Vendor 9674 - ECONO FOODS										
9674 OCT 2018	RAW FOOD	Edit		11/09/2018	11/09/2018	11/09/2018			386.58	
Vendor 9674 - ECONO FOODS Totals									Invoices 1	\$386.58
Vendor 17474 - [REDACTED]										
17474 OCT2018	38.50 OCT MOW MILEAGE REIMB	Edit		11/09/2018	11/09/2018	11/09/2018			21.00	
Vendor 17474 - [REDACTED] Totals									Invoices 1	\$21.00
Vendor 27395 - GOOD SAMARITAN,SCANDIA VILLAGE										
27395 OCT2018	OCT MOW	Edit		11/09/2018	11/09/2018	11/09/2018			548.00	
Vendor 27395 - GOOD SAMARITAN,SCANDIA VILLAGE Totals									Invoices 1	\$548.00

Accounts Payable Invoice Report

G/L Date Range 11/09/18 - 11/09/18
 Report By Department - Batch - Vendor - Invoice
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Batch Number 2018-0000544		Batch Date 11/09/2018		Entered by User Robin Mark					
Vendor 22145 - GORDON FOOD SERVICE, INC									
22145 OCTNOV18	RAW FOOD/NUTRITIONAL SUPPLIES/JANITORIAL SUPPLIES	Edit		11/09/2018	11/09/2018	11/09/2018			3,692.57
Vendor 22145 - GORDON FOOD SERVICE, INC Totals							Invoices	1	\$3,692.57
Vendor 19080 - [REDACTED]									
19080 OCT2018	31 OCT MOW MILEAGE REIMB	Edit		11/09/2018	11/09/2018	11/09/2018			16.91
Vendor 19080 - [REDACTED] Totals							Invoices	1	\$16.91
Vendor 17906 - [REDACTED]									
17906 OCT2018	814.30 OCT MEALSITE MILEAGE REIMB	Edit		11/09/2018	11/09/2018	11/09/2018			443.80
Vendor 17906 - [REDACTED] Totals							Invoices	1	\$443.80
Vendor 21883 - [REDACTED]									
21883 OCT2018	102 OCT EMPLY MILEAGE REIMB/TRAINING REIMB	Edit		11/09/2018	11/09/2018	11/09/2018			83.60
Vendor 21883 - [REDACTED] Totals							Invoices	1	\$83.60
Vendor 5354 - [REDACTED]									
5354 OCT2018	26 OCT MOW MILEAGE REIMB	Edit		11/09/2018	11/09/2018	11/09/2018			14.18
Vendor 5354 - [REDACTED] Totals							Invoices	1	\$14.18
Vendor 18770 - MANNS STORE									
18770 OCT2018	RAW FOOD	Edit		11/09/2018	11/09/2018	11/09/2018			809.75
Vendor 18770 - MANNS STORE Totals							Invoices	1	\$809.75
Vendor 22040 - [REDACTED]									
22040 NOV2018	REIMBURSEMENT FOR ADULT DAY SERVICES	Edit		11/09/2018	11/09/2018	11/09/2018			1,091.25
Vendor 22040 - [REDACTED] Totals							Invoices	1	\$1,091.25
Vendor 22775 - [REDACTED]									
22775 NOV2018	RSP ADULT DAY SERVICES REIMB-RS	Edit		11/09/2018	11/09/2018	11/09/2018			896.00
Vendor 22775 - [REDACTED] Totals							Invoices	1	\$896.00
Vendor 7092 - [REDACTED]									
7092 SEPOCT18	138 SEP/OCT MOW MILEAGE REIMB	Edit		11/09/2018	11/09/2018	11/09/2018			75.25
Vendor 7092 - [REDACTED] Totals							Invoices	1	\$75.25

Accounts Payable Invoice Report

G/L Date Range 11/09/18 - 11/09/18
 Report By Department - Batch - Vendor - Invoice
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Batch Number 2018-0000544		Batch Date 11/09/2018		Entered by User Robin Mark					
Vendor 20044 [REDACTED]									
20044	OCT2018			11/09/2018	11/09/2018	11/09/2018			48.29
		Edit							
			Vendor 20044 - [REDACTED]	Totals		Invoices	1		\$48.29
Vendor 14091 - [REDACTED]									
14091	OCT2018			11/09/2018	11/09/2018	11/09/2018			354.80
		Edit							
			Vendor 14091 - [REDACTED]	Totals		Invoices	1		\$354.80
Vendor 15069 - STAPLES ADVANTAGE									
3394470241/ADRC	ADRC OFFICE SUPPLIES	Edit		11/09/2018	11/09/2018	11/09/2018			61.31
			Vendor 15069 - STAPLES ADVANTAGE	Totals		Invoices	1		\$61.31
Vendor 374 - [REDACTED]									
374	OCT2018			11/09/2018	11/09/2018	11/09/2018			22.89
		Edit							
			Vendor 374 - [REDACTED]	Totals		Invoices	1		\$22.89
Vendor 10942 - TIP TOP CLEANERS									
10942	OCT2018			11/09/2018	11/09/2018	11/09/2018			157.75
		Edit							
			Vendor 10942 - TIP TOP CLEANERS	Totals		Invoices	1		\$157.75
Vendor 33170 - TOWN OF LIBERTY GROVE									
33170	OCT2018			11/09/2018	11/09/2018	11/09/2018			117.00
		Edit							
			Vendor 33170 - TOWN OF LIBERTY GROVE	Totals		Invoices	1		\$117.00
Vendor 33570 - TOWN OF WASHINGTON									
33570	OCT2018			11/09/2018	11/09/2018	11/09/2018			40.00
		Edit							
			Vendor 33570 - TOWN OF WASHINGTON	Totals		Invoices	1		\$40.00
Vendor 9654 - WAND									
9654	OCT2018			11/09/2018	11/09/2018	11/09/2018			45.00
		Edit							
			Vendor 9654 - WAND	Totals		Invoices	1		\$45.00
Vendor 36120 - WARNER-WEXEL WHOLESALE & POOL									
36120	OCT2018C			11/09/2018	11/09/2018	11/09/2018			177.60
		Edit							
			Vendor 36120 - WARNER-WEXEL WHOLESALE & POOL	Totals		Invoices	1		\$177.60
Vendor 36270 - WASHINGTON ISLAND FERRY LINE I									
36270	OCT2018B			11/09/2018	11/09/2018	11/09/2018			79.00
		Edit							
			Vendor 36270 - WASHINGTON ISLAND FERRY LINE I	Totals		Invoices	1		\$79.00

Accounts Payable Invoice Report

G/L Date Range 11/09/18 - 11/09/18

Report By Department - Batch - Vendor - Invoice

Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Batch Number 2018-00000544		Batch Date 11/09/2018					Entered by User Robin Mark		
Vendor 6359 - WIL KIL PEST CONTROL									
6359 OCT2018	OCT PEST CONTROL	Edit		11/09/2018	11/09/2018	11/09/2018			105.00
	Vendor 6359 - WIL KIL PEST CONTROL Totals						Invoices	1	\$105.00
	Batch Number 2018-00000544 Totals						Invoices	30	\$11,540.29
	Department 23 - HS Resource Center Totals						Invoices	30	\$11,540.29
23 HS Resource Center									
				Grand Totals			Invoices	30	\$11,540.29

AI DC, 2nd batch, Nov. 2018

Accounts Payable Invoice Report

G/L Date Range 11/23/18 - 11/23/18
 Report By Department - Batch - Vendor - Invoice
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Department 23 - HS Resource Center									
Batch Number 2018-0000566		Batch Date 11/23/2018			Entered by User Robin Mark				
Vendor 16735 - ABBY VANS INC									
16735 OCT2018	D2D TAXI-OCTOBER 2018	Edit		11/23/2018	11/23/2018	11/23/2018			44,448.30
Vendor 16735 - ABBY VANS INC Totals							Invoices	1	\$44,448.30
Vendor 6269 - BARBARA COFFOU									
6269 NOV 2018	69 NOV EMPLY MEALSITE MILEAGE REIMB-LG	Edit		11/23/2018	11/23/2018	11/23/2018			37.61
Vendor 6269 - BARBARA COFFOU Totals							Invoices	1	\$37.61
Vendor 257 - BROTHERS DAIRY									
257 NOV2018	NOV RAW FOOD	Edit		11/23/2018	11/23/2018	11/23/2018			282.00
Vendor 257 - BROTHERS DAIRY Totals							Invoices	1	\$282.00
Vendor 4818 - CELLCOM WISCONSIN RSA 10									
4818 NOV2018	ADRC CELL CHARGES (11/06 - 12/05)	Edit		11/23/2018	11/23/2018	11/23/2018			116.87
Vendor 4818 - CELLCOM WISCONSIN RSA 10 Totals							Invoices	1	\$116.87
Vendor 19268 - [REDACTED]									
19268 NOV2018	22 NOV MOW MILEAGE REIMB	Edit		11/23/2018	11/23/2018	11/23/2018			12.00
Vendor 19268 - [REDACTED] Totals							Invoices	1	\$12.00
Vendor 9674 - ECONO FOODS									
9674 NOV2018	NOV RAW FOOD	Edit		11/23/2018	11/23/2018	11/23/2018			160.49
Vendor 9674 - ECONO FOODS Totals							Invoices	1	\$160.49
Vendor 22145 - GORDON FOOD SERVICE, INC									
22145 OCT2018B	RAW FOOD/COFFEE SUPPLIES	Edit		11/23/2018	11/23/2018	11/23/2018			3,330.93
Vendor 22145 - GORDON FOOD SERVICE, INC Totals							Invoices	1	\$3,330.93
Vendor 21883 - [REDACTED]									
21883 NOV2018	49 NOV EMPLY MILEAGE REIMB	Edit		11/23/2018	11/23/2018	11/23/2018			26.71
Vendor 21883 - [REDACTED] Totals							Invoices	1	\$26.71
Vendor 18103 - LIFELINE DEPARTMENT \ DCMH									
18103 OCT2018B	OCT LIFELINE	Edit		11/23/2018	11/23/2018	11/23/2018			150.00
Vendor 18103 - LIFELINE DEPARTMENT \ DCMH Totals							Invoices	1	\$150.00
Vendor 6544 - MEAT PROCESSORS INC									
6544 OCT2018B	RAW FOOD	Edit		11/23/2018	11/23/2018	11/23/2018			474.69
Vendor 6544 - MEAT PROCESSORS INC Totals							Invoices	1	\$474.69

Accounts Payable Invoice Report

G/L Date Range 11/23/18 - 11/23/18
 Report By Department - Batch - Vendor - Invoice
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount	
Batch Number 2018-00000566		Batch Date 11/23/2018		Entered by User Robin Mark						
Vendor 6470 - N E W CURATIVE REHABILITATION										
6470 OCT2018	OCT HOMECARE-MW	Edit		11/23/2018	11/23/2018	11/23/2018			890.55	
Vendor 6470 - N E W CURATIVE REHABILITATION Totals								Invoices	1	\$890.55
Vendor 4168 - [REDACTED]										
4168 OCT2018	54.6 OCT EMPLY MILEAGE REIMB	Edit		11/23/2018	11/23/2018	11/23/2018			29.75	
Vendor 4168 - [REDACTED] Totals								Invoices	1	\$29.75
Vendor 9189 - OLIVER PRODUCTS										
9189 NOV2018	TRAY-3COMP-DEEP 560/CSE COEX	Edit		11/23/2018	11/23/2018	11/23/2018			1,304.00	
Vendor 9189 - OLIVER PRODUCTS Totals								Invoices	1	\$1,304.00
Vendor 9525 - SCATUROS BAKERY & CAFE										
9525 NOV2018	CAREGIVER CONFERENCE REFRESHMENTS	Edit		11/23/2018	11/23/2018	11/23/2018			1,318.90	
Vendor 9525 - SCATUROS BAKERY & CAFE Totals								Invoices	1	\$1,318.90
Vendor 21959 - SIR SPEEDY PRINTING										
21959 87759 ADRC	FIREPLACE MANTEL SIGN	Edit		11/23/2018	11/23/2018	11/23/2018			72.13	
Vendor 21959 - SIR SPEEDY PRINTING Totals								Invoices	1	\$72.13
Vendor 30820 - STURGEON BAY UTILITIES										
30820 OCT2018	ADRC UTILITIES	Edit		11/23/2018	11/23/2018	11/23/2018			1,838.11	
Vendor 30820 - STURGEON BAY UTILITIES Totals								Invoices	1	\$1,838.11
Vendor 20955 - UNITED HOME HEALTH SERVICES,LLC										
20955 OCT2018B	OCT/NOV RSP/HOMECARE	Edit		11/23/2018	11/23/2018	11/23/2018			638.23	
Vendor 20955 - UNITED HOME HEALTH SERVICES,LLC Totals								Invoices	1	\$638.23
Vendor 36120 - WARNER-WEXEL WHOLESALE & POOL										
36120 NOV2018	NOV NUTRITIONAL SUPPLIES/COFFEE SUPPLIES & JANITORIAL SUPPLIES	Edit		11/23/2018	11/23/2018	11/23/2018			548.55	
Vendor 36120 - WARNER-WEXEL WHOLESALE & POOL Totals								Invoices	1	\$548.55
Batch Number 2018-00000566 Totals								Invoices	18	\$55,679.82
Department 23 - HS Resource Center Totals								Invoices	18	\$55,679.82
23 HS Resource Center										
Grand Totals								Invoices	18	\$55,679.82

ADRC, 1st batch, Dec. 2018

Accounts Payable Invoice Report

G/L Date Range 12/07/18 - 12/07/18
 Report By Department - Batch - Vendor - Invoice
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount	
Department 23 - HS Resource Center										
Batch Number 2018-00000592		Batch Date 12/07/2018			Entered by User Robin Mark					
Vendor 13325 - ADVOCATES-INDEPENDENT LIVINGII										
13325 NOV2018	NOV HOMECARE/RSP/PERSONAL CARES/HOMEMAKER	Edit		12/07/2018	12/07/2018	12/07/2018			777.02	
Vendor 13325 - ADVOCATES-INDEPENDENT LIVINGII Totals								Invoices	1	\$777.02
Vendor 8383 - AMAZON CAPITAL SERVICES, INC										
8383 NOV2018	16PP-R1PF-HCJM/CLOCK-JP	Edit		12/07/2018	12/07/2018	12/07/2018			42.95	
Vendor 8383 - AMAZON CAPITAL SERVICES, INC Totals								Invoices	1	\$42.95
Vendor 18248 - [REDACTED]										
18248 NOV2018	44.3 NOV MOW MILEAGE REIMB	Edit		12/07/2018	12/07/2018	12/07/2018			24.14	
Vendor 18248 - [REDACTED] Totals								Invoices	1	\$24.14
Vendor 9984 - BATTERYSHARKS.COM										
492279 ADRC	W/C BATTERIES AND CHARGER-GL PO 2056	Edit		12/07/2018	12/07/2018	12/07/2018			160.34	
Vendor 9984 - BATTERYSHARKS.COM Totals								Invoices	1	\$160.34
Vendor 257 - BROTHERS DAIRY										
257 NOV2018B	RAW FOOD	Edit		12/07/2018	12/07/2018	12/07/2018			330.50	
Vendor 257 - BROTHERS DAIRY Totals								Invoices	1	\$330.50
Vendor 18153 - [REDACTED]										
18153 NOV2018	MENU REVIEW/NEWSLETTER/SITE SURVEY	Edit		12/07/2018	12/07/2018	12/07/2018			292.50	
Vendor 18153 - [REDACTED] Totals								Invoices	1	\$292.50
Vendor 16496 - DOOR-TRAN										
16496 NOV2018	NOV STAFF HOURS/STAMPS	Edit		12/07/2018	12/07/2018	12/07/2018			650.00	
Vendor 16496 - DOOR-TRAN Totals								Invoices	1	\$650.00
Vendor 9674 - ECONO FOODS										
9674 NOV 2018B	RAW FOOD	Edit		12/07/2018	12/07/2018	12/07/2018			479.46	
Vendor 9674 - ECONO FOODS Totals								Invoices	1	\$479.46
Vendor 13074 - [REDACTED]										
13074 DEC2018	54 EMPLY MILEAGE REIMB	Edit		12/07/2018	12/07/2018	12/07/2018			29.43	
Vendor 13074 - [REDACTED] Totals								Invoices	1	\$29.43

Accounts Payable Invoice Report

G/L Date Range 12/07/18 - 12/07/18
 Report By Department - Batch - Vendor - Invoice
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Batch Number 2018-0000592		Batch Date 12/07/2018		Entered by User Robin Mark					
Vendor 22145 - GORDON FOOD SERVICE, INC									
22145 NOV2018B	RAW FOOD/NUTRITIONAL SUPPLIES/JANITORIAL SUPPLIES	Edit		12/07/2018	12/07/2018	12/07/2018			4,225.50
Vendor 22145 - GORDON FOOD SERVICE, INC Totals						Invoices	1		\$4,225.50
Vendor 19080 - [REDACTED]									
19080 NOV2018	35 NOV MOW MILEAGE REIMB	Edit		12/07/2018	12/07/2018	12/07/2018			25.08
Vendor 19080 - [REDACTED] Totals						Invoices	1		\$25.08
Vendor 19378 - [REDACTED]									
19378 SEPOCTNOV	29.90 SEP.OCT.NOV MOW MILEAGE REIMB	Edit		12/07/2018	12/07/2018	12/07/2018			16.30
Vendor 19378 - [REDACTED] Totals						Invoices	1		\$16.30
Vendor 17906 - [REDACTED]									
17906 NOV2018	766.40 NOV MEALSITE/MOW MILEAGE REIMB	Edit		12/07/2018	12/07/2018	12/07/2018			417.69
Vendor 17906 - [REDACTED] Totals						Invoices	1		\$417.69
Vendor 20934 - [REDACTED]									
20934 OCTNOV18	230.80 OCT/NOV EMPLY MILEAGE REIMB	Edit		12/07/2018	12/07/2018	12/07/2018			125.80
Vendor 20934 - [REDACTED] Totals						Invoices	1		\$125.80
Vendor 19650 - [REDACTED]									
19650 NOV2018	61 NOV EMPLY MILEAGE REIMB	Edit		12/07/2018	12/07/2018	12/07/2018			33.25
Vendor 19650 - [REDACTED] Totals						Invoices	1		\$33.25
Vendor 5354 - [REDACTED]									
5354 NOV2018	24 NOV MOW MILEAGE REIMB	Edit		12/07/2018	12/07/2018	12/07/2018			13.08
Vendor 5354 - [REDACTED] Totals						Invoices	1		\$13.08
Vendor 18103 - LIFELINE DEPARTMENT \ DCMH									
18103 NOV2018	NOV LIFELINE-JP/6817467	Edit		12/07/2018	12/07/2018	12/07/2018			140.00
Vendor 18103 - LIFELINE DEPARTMENT \ DCMH Totals						Invoices	1		\$140.00
Vendor 22040 - [REDACTED]									
22040 NOV2018B	ADULT DAY SVCS REIMB-NA	Edit		12/07/2018	12/07/2018	12/07/2018			85.00
Vendor 22040 - [REDACTED] Totals						Invoices	1		\$85.00

Accounts Payable Invoice Report

G/L Date Range 12/07/18 - 12/07/18
 Report By Department - Batch - Vendor - Invoice
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Batch Number 2018-0000592		Batch Date 12/07/2018		Entered by User Robin Mark					
Vendor 6544 - MEAT PROCESSORS INC									
6544 NOV2018	164696C/RAW FOOD	Edit		12/07/2018	12/07/2018	12/07/2018			83.00
Vendor 6544 - MEAT PROCESSORS INC Totals							Invoices	1	\$83.00
Vendor 7092 [REDACTED]									
7092 NOV2018	69 NOV MOW MILEAGE REIMB	Edit		12/07/2018	12/07/2018	12/07/2018			37.62
Vendor 7092 [REDACTED] Totals							Invoices	1	\$37.62
Vendor 4168 [REDACTED]									
4168 NOV2018	46.80 NOV EMPLY MILEAGE REIMB	Edit		12/07/2018	12/07/2018	12/07/2018			25.47
Vendor 4168 [REDACTED] Totals							Invoices	1	\$25.47
Vendor 9189 - OLIVER PRODUCTS									
9189 44681 ADRC	78432/SRML 12X8.75" S1 3C OPCO SM	Edit		12/07/2018	12/07/2018	12/07/2018			408.00
Vendor 9189 - OLIVER PRODUCTS Totals							Invoices	1	\$408.00
Vendor 20044 [REDACTED]									
20044 NOV2018	74.50 NOV EMPLY MILEAGE REIMB	Edit		12/07/2018	12/07/2018	12/07/2018			40.60
Vendor 20044 [REDACTED] Totals							Invoices	1	\$40.60
Vendor 9967 - SCREENFLEX PORTABLE PARTITIONS, INC									
128316 ADRC	ADRC FREESTANDING PARTITIONS PO#2055	Edit		12/07/2018	12/07/2018	12/07/2018			2,660.00
Vendor 9967 - SCREENFLEX PORTABLE PARTITIONS, INC Totals							Invoices	1	\$2,660.00
Vendor 14091 [REDACTED]									
14091 NOV2018	599 NOV MEALSITE/MOW MILEAGE REIMB	Edit		12/07/2018	12/07/2018	12/07/2018			326.46
Vendor 14091 [REDACTED] Totals							Invoices	1	\$326.46
Vendor 15069 - STAPLES ADVANTAGE									
115069 NOV2018	ADRC SUPPLIES	Edit		12/07/2018	12/07/2018	12/07/2018			99.42
Vendor 15069 - STAPLES ADVANTAGE Totals							Invoices	1	\$99.42
Vendor 5595 - SUMMIT COMMERCIAL FITNESS									
5595 19030 ADRC	PREVENTATIVE MTC ON EXERC EQUIP	Edit		12/07/2018	12/07/2018	12/07/2018			240.00
Vendor 5595 - SUMMIT COMMERCIAL FITNESS Totals							Invoices	1	\$240.00

Accounts Payable Invoice Report

G/L Date Range 12/07/18 - 12/07/18
 Report By Department - Batch - Vendor - Invoice
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Batch Number 2018-0000592		Batch Date 12/07/2018		Entered by User Robin Mark					
Vendor 374 - [REDACTED]									
374 NOV2018	26 NOV MOW MILEAGE REIMB	Edit		12/07/2018	12/07/2018	12/07/2018			14.18
	Vendor 374 - [REDACTED] Totals					Invoices	1		\$14.18
Vendor 10942 - TIP TOP CLEANERS									
10942 NOV2018	NOV LAUNDRY/KITCHEN	Edit		12/07/2018	12/07/2018	12/07/2018			212.50
	Vendor 10942 - TIP TOP CLEANERS Totals					Invoices	1		\$212.50
Vendor 20955 - UNITED HOME HEALTH SERVICES,LLC									
20955 NOV2018B	HOMECARE-AH	Edit		12/07/2018	12/07/2018	12/07/2018			326.54
	Vendor 20955 - UNITED HOME HEALTH SERVICES,LLC Totals					Invoices	1		\$326.54
Vendor 9654 - WAND									
9654 OCT2018	WAND FALL TRAINING-JE	Edit		12/07/2018	12/07/2018	12/07/2018			45.00
	Vendor 9654 - WAND Totals					Invoices	1		\$45.00
Vendor 36120 - WARNER-WEXEL WHOLESALE & POOL									
36120 NOV2018B	NUTRITIONAL SUPPLIES	Edit		12/07/2018	12/07/2018	12/07/2018			305.23
	Vendor 36120 - WARNER-WEXEL WHOLESALE & POOL Totals					Invoices	1		\$305.23
Vendor 6359 - WIL KIL PEST CONTROL									
6359 NOV2018	NOV PEST CONTROL	Edit		12/07/2018	12/07/2018	12/07/2018			75.00
	Vendor 6359 - WIL KIL PEST CONTROL Totals					Invoices	1		\$75.00
	Batch Number 2018-0000592 Totals					Invoices	33		\$12,767.06
	Department 23 - HS Resource Center Totals					Invoices	33		\$12,767.06
23 HS Resource Center									
	Grand Totals					Invoices	33		\$12,767.06

ADEC, batch, Dec 2018

Accounts Payable Invoice Report⁵⁹

G/L Date Range 12/21/18 - 12/21/18
 Report By Department - Batch - Vendor - Invoice
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Department 23 - HS Resource Center Batch Number 2018-0000624 Batch Date 12/21/2018 Entered by User Robin Mark Vendor 16735 - ABBY VANS INC Sub-Department 23 HS Resource Center									
16735 NOV2018	NOV D2D TAXI 2018	Edit		12/21/2018	12/21/2018	12/21/2018			39,790.56
							Invoices	1	0
Sub-Department 23 HS Resource Center Totals									
Vendor 16735 - ABBY VANS INC Totals							Invoices	1	\$39,790.56
Vendor 13325 - ADVOCATES-INDEPENDENT LIVINGII									
Sub-Department 23 HS Resource Center									
13325 NOV 2018 B	ADDT'L RSP-JP	Edit		12/21/2018	12/21/2018	12/21/2018			34.63
							Invoices	1	0
Sub-Department 23 HS Resource Center Totals									
Vendor 13325 - ADVOCATES-INDEPENDENT LIVINGII Totals							Invoices	1	\$34.63
Vendor 2714 - AIRS NATIONAL HEADQUARTERS									
Sub-Department 23 HS Resource Center									
2714 2019 ADRC	2019 MEMBERSHIP DUES-JB	Edit		12/21/2018	12/21/2018	12/21/2018			75.00
							Invoices	1	0
Sub-Department 23 HS Resource Center Totals									
Vendor 2714 - AIRS NATIONAL HEADQUARTERS Totals							Invoices	1	\$75.00
Vendor 10040 - BONA DEA HOLISTIC WELLNESS SOLUTIONS LLC									
Sub-Department 23 HS Resource Center									
10040 OCT2018	ESSENTIAL OILS CLASS	Edit		12/21/2018	12/21/2018	12/21/2018			300.00
							Invoices	1	0
Sub-Department 23 HS Resource Center Totals									
Vendor 10040 - BONA DEA HOLISTIC WELLNESS SOLUTIONS LLC Totals							Invoices	1	\$300.00
Vendor 257 - BROTHERS DAIRY									
Sub-Department 23 HS Resource Center									
257 DEC2018	DEC RAW FOOD	Edit		12/21/2018	12/21/2018	12/21/2018			225.00
							Invoices	1	0
Sub-Department 23 HS Resource Center Totals									
Vendor 257 - BROTHERS DAIRY Totals							Invoices	1	\$225.00
Vendor 4818 - CELLCOM WISCONSIN RSA 10									
Sub-Department 23 HS Resource Center									
4818 DEC2018	DEC CELL CHARGES-ADRC	Edit		12/21/2018	12/21/2018	12/21/2018			116.87
							Invoices	1	0
Sub-Department 23 HS Resource Center Totals									
Vendor 4818 - CELLCOM WISCONSIN RSA 10 Totals							Invoices	1	\$116.87
Vendor 19077 - [REDACTED]									
Sub-Department 23 HS Resource Center									
19077 DEC2018	DEC CAREGIVER SUPPORT-WI	Edit		12/21/2018	12/21/2018	12/21/2018			37.50
							Invoices	1	0
Sub-Department 23 HS Resource Center Totals									
Vendor 19077 - [REDACTED] Totals							Invoices	1	\$37.50

Accounts Payable Invoice Report

G/L Date Range 12/21/18 - 12/21/18
 Report By Department - Batch - Vendor - Invoice
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 9674 - ECONO FOODS									
Sub-Department 23 HS Resource Center									
9674 DEC2018	DEC RAW FOOD	Edit		12/21/2018	12/21/2018	12/21/2018			548.04
			Sub-Department	23 HS Resource Center Totals		Invoices	1		0
			Vendor	9674 - ECONO FOODS Totals		Invoices	1		<u>\$548.04</u>
Vendor 27395 - GOOD SAMARITAN, SCANDIA VILLAGE									
Sub-Department 23 HS Resource Center									
27395 NOV2018	NOV MOW	Edit		12/21/2018	12/21/2018	12/21/2018			536.00
			Sub-Department	23 HS Resource Center Totals		Invoices	1		0
			Vendor	27395 - GOOD SAMARITAN, SCANDIA VILLAGE Totals		Invoices	1		<u>\$536.00</u>
Vendor 22145 - GORDON FOOD SERVICE, INC									
Sub-Department 23 HS Resource Center									
22145 DEC2018	DEC RAW FOOD/NUTRITIONAL SUPPLIES/COFFEE SUPPLIES/JANITORIAL SUP	Edit		12/21/2018	12/21/2018	12/21/2018			3,414.41
			Sub-Department	23 HS Resource Center Totals		Invoices	1		0
			Vendor	22145 - GORDON FOOD SERVICE, INC Totals		Invoices	1		<u>\$3,414.41</u>
Vendor 21883 - [REDACTED]									
Sub-Department 23 HS Resource Center									
21883 DEC2018	32.60 DEC EMPLY MILEAGE REIMB	Edit		12/21/2018	12/21/2018	12/21/2018			17.77
			Sub-Department	23 HS Resource Center Totals		Invoices	1		0
			Vendor	21883 [REDACTED] Totals		Invoices	1		<u>\$17.77</u>
Vendor 20119 [REDACTED]									
Sub-Department 23 HS Resource Center									
20119 OCTNOVDEC	400 OCT/NOV/DEC EMPLY MILEAGE REIMB	Edit		12/21/2018	12/21/2018	12/21/2018			218.04
			Sub-Department	23 HS Resource Center Totals		Invoices	1		0
			Vendor	20119 [REDACTED] Totals		Invoices	1		<u>\$218.04</u>
Vendor 18770 - MANNS STORE									
Sub-Department 23 HS Resource Center									
18770 DEC2018	DEC RAW FOOD	Edit		12/21/2018	12/21/2018	12/21/2018			564.81
			Sub-Department	23 HS Resource Center Totals		Invoices	1		0
			Vendor	18770 - MANNS STORE Totals		Invoices	1		<u>\$564.81</u>
Vendor 6544 - MEAT PROCESSORS INC									
Sub-Department 23 HS Resource Center									
6544 DEC2018	DEC RAW FOOD	Edit		12/21/2018	12/21/2018	12/21/2018			418.94
			Sub-Department	23 HS Resource Center Totals		Invoices	1		0

Accounts Payable Invoice Report

G/L Date Range 12/21/18 - 12/21/18
 Report By Department - Batch - Vendor - Invoice
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 6544 - MEAT PROCESSORS INC Totals						Invoices	1		\$418.94
Vendor 21377 - [REDACTED]									
Sub-Department 23 HS Resource Center									
21377 DEC2018	NEW YEARS EVE ENTERTAINMENT	Edit		12/21/2018	12/21/2018	12/21/2018			250.00
Sub-Department 23 HS Resource Center Totals						Invoices	1		0
Vendor 21377 - [REDACTED] Totals						Invoices	1		\$250.00
Vendor 6470 - NEW CURATIVE REHABILITATION									
Sub-Department 23 HS Resource Center									
6470 NOV2018	NOV RSP IN HOME-JE	Edit		12/21/2018	12/21/2018	12/21/2018			672.86
Sub-Department 23 HS Resource Center Totals						Invoices	1		0
Vendor 6470 - NEW CURATIVE REHABILITATION Totals						Invoices	1		\$672.86
Vendor 19233 - O'REILLY AUTO PARTS #4365									
Sub-Department 23 HS Resource Center									
4365299345 SRC V	WINDSHIELD WIPERS HONDA VAN	Edit		12/21/2018	12/21/2018	12/21/2018			15.98
Sub-Department 23 HS Resource Center Totals						Invoices	1		0
Vendor 19233 - O'REILLY AUTO PARTS #4365 Totals						Invoices	1		\$15.98
Vendor 21959 - SIR SPEEDY PRINTING									
Sub-Department 23 HS Resource Center									
87853 ADRC	MARKETING MATERIALS ADRC	Edit		12/21/2018	12/21/2018	12/21/2018			476.72
Sub-Department 23 HS Resource Center Totals						Invoices	1		0
Vendor 21959 - SIR SPEEDY PRINTING Totals						Invoices	1		\$476.72
Vendor 15069 - STAPLES ADVANTAGE									
Sub-Department 23 HS Resource Center									
15069 DEC2018	DEC SUPPLIES-ADRC	Edit		12/21/2018	12/21/2018	12/21/2018			51.54
Sub-Department 23 HS Resource Center Totals						Invoices	1		0
Vendor 15069 - STAPLES ADVANTAGE Totals						Invoices	1		\$51.54
Vendor 30820 - STURGEON BAY UTILITIES									
Sub-Department 23 HS Resource Center									
30820 NOV2018	NOV UTILITIES-ADRC	Edit		12/21/2018	12/21/2018	12/21/2018			1,965.71
Sub-Department 23 HS Resource Center Totals						Invoices	1		0
Vendor 30820 - STURGEON BAY UTILITIES Totals						Invoices	1		\$1,965.71
Vendor 20955 - UNITED HOME HEALTH SERVICES,LLC									
Sub-Department 23 HS Resource Center									
20955 DEC2018	DEC RSP/HOME CARE	Edit		12/21/2018	12/21/2018	12/21/2018			277.06
Sub-Department 23 HS Resource Center Totals						Invoices	1		0

Accounts Payable Invoice Report

G/L Date Range 12/21/18 - 12/21/18
 Report By Department - Batch - Vendor - Invoice
 Summary Listing

Invoice Number	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Net Amount
Vendor 20955 - UNITED HOME HEALTH SERVICES,LLC Totals						Invoices	1		\$277.06
Vendor 36120 - WARNER-WEXEL WHOLESALE & POOL									
Sub-Department 23 HS Resource Center									
36120 DEC2018	DEC NUTRITIONAL SUPPLIES/JANITORIAL SUPPLIES	Edit		12/21/2018	12/21/2018	12/21/2018			224.98
Sub-Department 23 HS Resource Center Totals						Invoices	1		0
Vendor 36120 - WARNER-WEXEL WHOLESALE & POOL Totals						Invoices	1		\$224.98
Vendor 6359 - WIL KIL PEST CONTROL									
Sub-Department 23 HS Resource Center									
6359 DEC2018	PEST CONTROL ADRC	Edit		12/21/2018	12/21/2018	12/21/2018			75.00
Sub-Department 23 HS Resource Center Totals						Invoices	1		0
Vendor 6359 - WIL KIL PEST CONTROL Totals						Invoices	1		\$75.00
Vendor 13278 - WISCONSIN MEDIA									
Sub-Department 23 HS Resource Center									
13278 ADRC	LEGAL NOTICES-3 YR AGING PLAN AND RAW FOOD RFQ	Edit		12/21/2018	12/21/2018	12/21/2018			50.28
Sub-Department 23 HS Resource Center Totals						Invoices	1		0
Vendor 13278 - WISCONSIN MEDIA Totals						Invoices	1		\$50.28
Batch Number 2018-0000624 Totals						Invoices	24		\$50,357.70
Department 23 - HS Resource Center Totals						Invoices	24		\$50,357.70
23 HS Resource Center				Grand Totals		Invoices	24		\$50,357.70



DOOR COUNTY

**REQUESTING INCREASED FUNDING
AND OVERSIGHT REFORMS FOR WISCONSIN'S
CHILD PROTECTIVE SERVICES SYSTEM**

TO THE DOOR COUNTY BOARD OF SUPERVISORS:

WHEREAS, The Wisconsin child welfare system is county-operated and state-supervised, except Milwaukee County, where the system is administered by the Wisconsin Department of Children and Families (DCF), Division of Milwaukee Child Protective Services (DMCPS); and

WHEREAS, DCF provides insufficient funding to counties for the provision of child abuse and neglect services including prevention, investigation, treatment, and out-of-home placement costs, though the state has primary responsibility for compliance with federal requirements and shares liability for ensuring the system is meeting its obligations to children and families in all 72 counties; and

WHEREAS, In recent years the state of Wisconsin added numerous mandates and practice expectations which increased county child protective services (CPS) workload and costs; and

WHEREAS, The opioid and methamphetamine epidemics have brought Wisconsin's child welfare system to a point of crisis, with increasing concern about the system's ability to meet its obligations to children and families; and

WHEREAS, The capacity for counties to continue to bear the lion's share of financial responsibility to address this crisis has been exhausted, as rising county contributions to the CPS system have far outpaced increases to the DCF Children and Family Aids allocation and counties have used reserve funding to cover CPS expenses and increase staffing; and

WHEREAS, Maintaining sufficient resources for Wisconsin's child welfare system is critical to secure the safety and future of our most vulnerable children; and

WHEREAS, Without a proportional increase in the DCF Children and Family Services allocation, the CPS system has been stressed for over a decade, causing caseloads for CPS workers to grow to unreasonable levels, contributing to high levels of staff turnover in some counties and an overrun of out-of-home care costs above what counties can sustain within available resources; and

WHEREAS, Wisconsin's CPS system leaves significant gaps in state-level oversight for all counties except Milwaukee County, including the absence of caseload standards, no process for regular legislative evaluation and prioritization of CPS needs and the absence of a legislative committee that provides regular policy guidance concerning CPS system issues such as adequate funding, performance, cost sharing and long-term stability; and

WHEREAS, Along with DMCPS, all eleven of Wisconsin's peer states with county-administered CPS systems have either adopted caseload standards for CPS caseworkers, completed thorough workload studies as a basis of determining funding needs, or otherwise have made significant recommendations related to keeping CPS workloads manageable; and



DOOR COUNTY

RESOLUTION 2019-____

**REQUESTING INCREASED FUNDING
AND OVERSIGHT REFORMS FOR WISCONSIN'S
CHILD PROTECTIVE SERVICES SYSTEM**

1 **WHEREAS**, The children within Wisconsin's CPS system are too
2 important to allow the current level of under resourcing, oversight
3 gaps and, disparity of attention, while shifting the burden to property
4 taxpayers.

5
6 **NOW, THEREFORE, BE IT RESOLVED**, That the Door County
7 Board of Supervisors does hereby request that the state of
8 Wisconsin increase the Children and Family Aids Allocation to
9 counties in the 2019-21 state biennial budget by \$30 million annually
10 in order to cover a greater share of out-of-home care costs and
11 increase staffing levels needed to meet the growing workload so
12 Wisconsin's CPS system can meet its obligations.

13
14 **BE IT FURTHER RESOLVED**, That the Wisconsin Counties
15 Association urges the state of Wisconsin to close critical oversight
16 gaps by creating legislative mechanisms to review the CPS resource
17 needs of all counties as part of the biennial budget process and
18 ensure an appropriate committee provide ongoing policy guidance to
19 respond to emerging CPS trends and ongoing system needs.

20
21 **BE IT FURTHER RESOLVED**, That a copy of this resolution be
22 sent to Governor Tony Evers, Department of Children and Families
23 Secretary Eloise Anderson, Department of Administration Secretary
24 Ellen Nowak, area legislators, and the Wisconsin Counties
25 Association.

26
27

**SUBMITTED BY:
HUMAN SERVICES BOARD**

Helen Bacon, Chair

Laura Vlies Wotachek

Bob Bultman

Megan Lundahl

Nissa Norton

Wayne Kudick
Thomas Leist
Joe Miller
Robert Rau

ROLL CALL Board Members	Aye	Nay	Exc.
AUSTAD			
BACON			
BULTMAN			
CHOMEAU			
D. ENGLEBERT			
R. ENGLEBERT			
ENIGL			
FISHER			
GUNNLAUGSSON			
HALSTEAD			
KOCH			
KOHOUT			
LIENAU			
LUNDAHL			
NEINAS			
NORTON			
ROBILLARD			
SCHULTZ			
VIRLEE			
VLIES WOTACHEK			
WAIT			

BOARD ACTION

Vote Required: Majority Vote of a Quorum

Motion to Approve Adopted

1st _____ Defeated

2nd _____

Yes: _____ No: _____ Exc: _____

Reviewed by: _____, Corp. Counsel

Reviewed by: _____, Administrator

FISCAL IMPACT: There is no additional fiscal implication with the adoption of this resolution.
STW

Certification:
I, Jill M. Lau, Clerk of Door County, hereby certify that the above is a true and correct copy of a resolution that was adopted on the 22nd day of January, 2019 by the Door County Board of Supervisors.

Jill M. Lau
County Clerk, Door County

December 19th, 2018

Door County Department of Human Services
421 Nebraska Street
Sturgeon Bay, WI 54235

Door County Department of Human Services,

I would like to formally notify you of my resignation of the Case Manager position through Door County Department of Human Services Community Support Program with my last day being February 15th, 2019.

I want to thank Door County Department of Human Services, especially my supervisors, for the support I have received in this decision and the opportunity to work for such a unique community. I truly appreciated the experience of working for the Community Support Program, having the supportive Community Support Program and DCDHS colleagues and being able to form professional, caring relationships with our clients. I will value all that I have learned with working for Door County Department of Human Services and hope to carry this on in future work to come.

I am willing to assist Door County Department of Human Services in any way during this transition process and support my clients in the best way possible to a new provider.

Sincerely,

Nicole Kahler

Nicole Kahler 12/19/2018

Request to Refill Position

Must follow the process in the Administrative Manual, Section 2.04 – Creation and Classification of Positions.

DEPT. HEAD TO COMPLETE:

Department Human Services Position Title: Case Manager Children and Family Support Division

Position Status: Currently vacant Will be vacant Date Vacant: 1-10-19

Full Time Part Time Limited Term Project Hours per week: _____

Reason for Vacancy: Separation Transfer Retirement Resignation Death

Discuss turnover with the department in the previous 18-24 months: Decreased over previous years

Transfer: why is the new position more attractive to employee than current one? _____

Name of Current / Most Recent Incumbent: Kris Wagner-MacLean

Is office space, furniture, and office equipment available? Yes No

If not, explain plan to obtain: _____

Reviewed, updated, and submitted to Human Resources:

Job Analysis Questionnaire

Job Description

Completed by: Joe Krebsbach Date 12-21-19

Financial Information:

Salary Range: H \$22.56 - 25.78 Is the Position Budgeted: Yes No

Funding Source: Levy % 30 Grant Funded % _____ Other Revenue generated through billing % 70

Fiscal Impact, from Finance Department, completed and attached

HR TO COMPLETE:

EEO OR PROFESSIONALS FLSA Status EXEMPT

Human Resources has performed a position review? NP (HR initial)

The Job Analysis and Job Description have both been updated and signed? NP (HR initial)

Approvals:

County Administrator  Date 12-27-18

Oversight Committee Chair _____ Date _____

I am aware and approve of the refill and the process moving forward (posting/advertisement/selection for interviews/offer and may participate per Admin. Manual section 2.04.

I want to participate I do not wish to participate

Administrative Committee Chair _____ Date _____

I am aware and approve of the refill and the process moving forward (posting/advertisement/selection for interviews/offer and may participate per Admin. Manual section 2.04.

I want to participate I do not wish to participate



County of Door
DEPARTMENT OF COMMUNITY PROGRAMS
 County Government Center
 421 Nebraska Street
 Sturgeon Bay, WI 54235

Joseph Krebsbach
 Program Director
 (920) 746-2345
 Fax: (920) 746-2439

Memo

To: Ken Pabich
 From: Joe Krebsbach
 CC: Human Services Board, Administrative Committee
 Date: December 21, 2018
 Re: Request to Adjust and Re-fill a Case Manager – Long Term Support Position

After 24 years of service, Kris Wagner-Maclean has made the decision to retire from the Department. Kris has been working in the department four days per week or at a .8 FTE status. As we look to refill this position, I am seeking permission to adjust this position to full time.

As you may recall in the 2019 budget process, I had requested an additional full time Case Manager position. This request was directly related to a directive from the state to eliminate our waiting list for a program labeled Children's Long-Term Support. This position was not approved at that time.

Since the summer, we have hit the negotiated target of the number of children removed from the waiting list but we continue to have kids on this list. In order to do this we have our manager carrying a case load which is not ideal. I share this because even if we are allowed to transition this position to full time, it will still not give us the capacity to eliminate the waiting list.

We have been negotiating with the state on this issue and they recommended that we recalculate the rate we were charging for our Case Management in this program. We have completed this and will start charging the new rate January 1st, 2019.

Finance has provided us with a fiscal impact on the cost of moving the position from .8 to 1.0 FTE. Please see attached. I have also provided a spread sheet showing the anticipated increase in revenue by adding the additional day per week with our adjusted rate. As you will see, I believe we will be able to add this time without the need for any additional tax levy.

If you need additional information to make a decision, please let me know.

Respectfully submitted,
 Joe Krebsbach

County of Door Case Manager – Children and Families

Job Title	Case Manager-Children and Families	Last Revision	New Created August 2016
Department	Human Services	HR Reviewed	01/01/2017
Division	Children & Families	Employee Group	General Municipal Employee
Report To	Children's Services Program Manager	FLSA Status	Exempt
Pay Grade	H	EEO Code	02 – Professionals

GENERAL SUMMARY

This advanced position is responsible for a wide range of individualized, client centered, and trauma-informed case management with individuals affected by a wide variety of disabilities. The case manager performs intake functions and screens individuals presenting to the county system for services. The case manager assists and enhances the ability of individuals to remain independent and works to reduce the risk of hospitalization or out of home placement. A primary focus of this position will be the Comprehensive Community Services (CCS) program. This position will serve as a CCS Service Facilitator, in addition to other responsibilities, with an emphasis on youth with mental health and/or alcohol issues.

Duties and Responsibilities

Essential Job Functions

1. Identifies needs and makes individual assessments regarding the nature of a client's abilities, disabilities and potential for maximized community and family living.
2. Functions as a CCS Service Facilitator, completing comprehensive assessments and facilitating team meetings with consumers, providers, family members and other informal supports to develop, implement, and monitor person-centered, recovery-focused treatment plans.
3. Procures and authorizes services to be delivered by contracted service providers. Monitors the quality and quantity of purchased services to ensure they are consistent with the individual's goals set forth on the treatment plan and in compliance with authorized hours. Follows up with provider in a timely manner when adjustments are needed.
4. Prepares and maintains treatment plans and individual progress notes on all assigned clients; completes all documentation as required by Department of Human Services and assigned program areas to include daily documentation of all face to face contact, collateral contacts and updating treatment plans and crisis plans every 6 months.
5. Completes child functional screens to determine all program eligibility; conducts Child and Adolescent Needs Assessment (CANS) to determine needs and strengths to help steer treatment planning; completes other state required program documents and tools as assigned.
6. Assists children, youth and families in obtaining all available resources (financial, social, remedial) to enable them to reach established goals and objectives.
7. Prepares required reports regarding individuals on caseload for state reporting, Social Security Administration, Medical Assistance Waiver, and case management.
8. Advocates on behalf of clients to ensure needs are met and client rights are protected, enhancing natural supports to the greatest extent possible.
9. Conducts and/or participates in community awareness, education, resource development, and option exploration activities.

General Job Functions

1. Provides regular supportive contacts with service providers, team members and other community partners.

County of Door

Case Manager – Children and Families

2. Performs other Children Services Case Management services as may be required.
3. Participates in weekly team meetings to review client/clinical supervision issues and receive division program updates.
4. Strictly follow federal and state laws and regulations, county and departmental policies and procedures in regard to privacy, security and confidentiality of individuals' personal and health information.

REQUIREMENTS

Training and Experience

1. Minimum of a bachelor's degree in Social Work, Psychology, Sociology, Special Education with a concentration in human development. Master's degree preferred.
2. Two (2) years demonstrated experience working with individuals with disabilities. Experience working with children/youth with mental health needs preferred.
3. Current valid Wisconsin driver's license required and access to a reliable standard automobile.

Knowledge, Skills, and Abilities Required

1. Ability to conduct a comprehensive individual assessment, develop individual service plans and activities, and work creatively and independently.
2. Ability to listen carefully, communicate respectfully and engage in conflict resolution and problem-solving.
3. Ability to read, comprehend, and communicate both orally and in writing.
4. Ability to perform basic mathematical calculations; ability to compare invoices to authorizations and service notes and resolve discrepancies.
5. Ability to use tact and courtesy in maintaining an effective working relationship with clients, department employees, county supervisors, county officials, and the general public.
6. Ability to prioritize multiple tasks in an organized, efficient manner.
7. Required to complete training and pass Department of Health Services exams to become certified as a children's functional screener and Child & Adolescent Needs Assessment (CANS) assessor within three months of hire.

Physical & Working Conditions

Nearly 100% of time work is performed in a normal office setting with little or no discomfort from temperature, dust or noise. Interacting with other employees, general public, whether walking in or on the telephone may be encountered.

Over 75% of work is performed seated at a desk, working on a computer keyboard and/or telephone with about 10% of work performed standing and walking. Over 75% of the work is performed by talking, hearing, and using both far and near vision. Occasional lifting is required up to 10 lbs. (i.e. paper and equipment).

Very frequent face to face and over the telephone oral communication with clients, their families and the public. Sitting and standing are required 100% of the time spent on the job. Occasional climbing of stairs.

Work includes driving vehicle to visit clients in their homes and other community settings; interacting with and observing actions of clients to assess needs. Occasional pushing of clients in wheel chairs (20-40 lbs.). Frequent writing or typing of case notes.


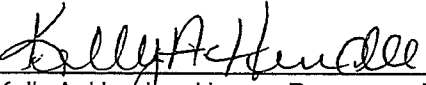
County of Door
Case Manager – Children and Families

and observing actions of clients to assess needs. Occasional pushing of clients in wheel chairs (20-40 lbs.). Frequent writing or typing of case notes.

In an effort to provide for continuity of County government and to cope with the problems of the emergency, you may be required to work during a proclaimed state of emergency, consistent with Sec 323.14 Wis. Stats. and County emergency management plans and programs.

The above is intended to describe the general content of the requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements. They may be subject to change at any time due to reasonable accommodation or other reasons.

Approvals:

 _____ Joseph A. Krebsbach, Human Services Director	8/17/16 _____ Date
 _____ Kelly A. Hendee, Human Resources Director	8/19/16 _____ Date

Door County Human Resources Form #: 2015-05		Title: Job Analysis Questionnaire	
Date Created 04/2015	Date Revised 10/2015	Admin. Manual or Handbook Reference: Administrative Manual, Section 2.04 – Creation & Classification of Positions	

Current Position Title: Case Manager – Children and Family

Department Human Services Division Children & Family

Report to: (position title): Reports and receives ongoing supervision and direction from Children's Service Manager

A. Job Summary (Purpose): Use two or three brief, specific statements to summarize the overall purpose of the job.

Provide ongoing support to adults who have developmental disabilities, assess ongoing case plans appropriate to clients needs, family support, legal support, monitoring of health and safety, Medical Assistance Wavier Plans and applications.

B. Fundamental duties of the position

1. Write one duty per numbered space.
2. Rank the duties in order of importance. The most important duty should be number one.
3. After listing the specific duties, enter the percentage of time spent on each.
4. Indicate which of the items are essential, which is determined considering the following:
 - a. Does the position exist to perform this function? OR
 - b. Are there a limited number of employees who can do this duty? Particularly, to the extent that if this position did not perform this duty, it would not get done? OR
 - c. Does the function require highly specialized skills or expertise that most other employees do not possess? Would the person be hired specifically because of their skill or expertise in performing the function? (i.e. A draftsman is hired because of their skill in precision drawing).

If "yes" can be answered to any of the above, mark "yes" in the "essential function" column.
5. Indicate whether other employees in the department perform this function.

Item No.	Duty	% of Total Time	Essential		Do Others Perform the Same Duty?	
			Yes	No	Yes	No
1.	Identified needs and makes individual assessments regarding the nature of a client's abilities, disabilities and potential for maximized community living.	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Assists clients to obtain all available resources (financial, social, remedial) to enable clients to reach established goals and objectives.	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Monitors, reviews and provides follow-up consultation to ensure client needs are being met.	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Prepares and maintains treatment plans on individual clients.	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Prepares reports regarding the developmentally disabled persons for court review, Social Security Administration, Medical Assistance Wavier programs and case management.	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Monitors services provided by contract agencies and/or individual providers.	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Advocates on behalf of clients needs and clients rights, enhancing natural supports whenever feasible.	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Conducts and/or participates in community awareness, education, resource development, and option exploration activities.	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisory Responsibility: Write the position titles of all employees who report directly to you. Also, indicate the number of employees who in turn report to them. Write "none" if this is not applicable.

Position Title	# of Employees who in turn report to them	Position Title	# of Employees who in turn report to them

Check below those supervisory responsibilities that are a part of your job:

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Instruct / train | <input type="checkbox"/> Assign Work | <input type="checkbox"/> Coordinate Activities | |
| <input type="checkbox"/> Review Work | <input type="checkbox"/> Maintain Standards | <input type="checkbox"/> Plan Work of Others | |
| <input type="checkbox"/> Act on Employee problems | <input type="checkbox"/> Schedule/allocate personnel | <input type="checkbox"/> Schedule work of others | |
| <input type="checkbox"/> Select new employees | | | |
| <input type="checkbox"/> Transfer / promote? | <input type="checkbox"/> (Recommend?) | <input type="checkbox"/> (Approve?) | |
| <input type="checkbox"/> Performance Evaluations | <input type="checkbox"/> (Recommend?) | <input type="checkbox"/> (Conduct?) | <input type="checkbox"/> (Approve?) |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> (Recommend?) | <input type="checkbox"/> (Conduct?) | <input type="checkbox"/> (Approve?) |
| <input type="checkbox"/> Discharge | <input type="checkbox"/> (Recommend?) | <input type="checkbox"/> (Conduct?) | <input type="checkbox"/> (Approve?) |
| <input type="checkbox"/> Salary Increases | <input type="checkbox"/> (Recommend?) | <input type="checkbox"/> (Conduct?) | <input type="checkbox"/> (Approve?) |

C. Work Relationships: For any of the contacts listed below that you have regarding company business, indicate the frequency (e.g. daily, weekly, monthly, etc.) and nature or purpose (e.g. obtain /provide information, negotiate contracts, etc.) of the contact.

CONTACT	PURPOSE OF CONTACT	FREQUENCY
Employees in same or other department(s) DHS colleagues	Daily contact for purposes of coordinating client services	Daily
Other Departments (list other departments) Public Health, Courts, UW-Extension, Library, Information Systems, ADRC, Maintenance, Human Resources	Coordination of services; referrals; team process case management	Daily; at least weekly
Customers – General Public (list all) Clients and Families, civic groups, newspapers, media	Prevention work assessment, planning and ongoing case management	As needed
Suppliers/Vendors Printing, promotional vendors regarding children's services	Prevention work	As needed
Community / Trade / Professional Schools, physicians, specialist, YMCA, contracted vendors	Coordination of services, referral, agency networking	Weekly
Federal / State Gov't = / Regulatory State agencies, DVR, DOL, Department of Justice	Job compliance/reviews consultation, guidance on rules	Monthly or as needed
Other (specify):		

D. Minimum Education , Experience and Certification Requirements

Education: Check the statement below which indicates the educational requirements for the job (not necessarily your educational background). If a higher degree of education is preferred, please check the appropriate column.

Required	Preferred:		
<input type="checkbox"/>	<input type="checkbox"/>	No formal education	
<input type="checkbox"/>	<input type="checkbox"/>	Less than high school education	
<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent	
<input type="checkbox"/>	<input type="checkbox"/>	Associate's degree or equivalent	Major:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree or equivalent	Major: Social Work, Psychology, Sociology, Special Education with a concentration in human development.
<input type="checkbox"/>	<input type="checkbox"/>	Graduate work or advance degree	Specify:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Professional license required (list below under certification)	

Experience: Check the amount of experience needed to perform this job (not the experience you brought to the job)

<input type="checkbox"/>	No previous experience required.	
<input type="checkbox"/>	Up to one year of experience required.	
<input checked="" type="checkbox"/>	One to at least three years' experience required.	
<input type="checkbox"/>	Over three years and up to and including six years' experience required.	
<input type="checkbox"/>	Over six years and up to and including nine years' experience required.	
<input type="checkbox"/>	Over ten (10) years of experience required.	
<input type="checkbox"/>	Experience in related field	
<input checked="" type="checkbox"/>	Experience in (specify):	Working with Disability population

Certification: List any licenses, certifications, statutory requirements or registrations required for this position. Use the exact name of license, certification, etc.

1.	Long Term Support Function Screen Certification – Children		
2.	Medical Assistance Waiver Certification		
3.			
4.			
5.			
6.	Valid State of Wisconsin Driver's License Required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Type: <input checked="" type="checkbox"/> Regular	<input type="checkbox"/> CDL	Endorsement Required:

E. Equipment and Machinery: Indicate equipment and/or machinery that is necessary to accomplish the job, and the amount of time per week which involves using each piece of equipment.

No.	Equipment Used	Freq.	Daily	Weekly	Monthly	As Needed
1.	No equipment used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Basic office equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Typewriter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Computer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Copy machine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Calculator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Fax machine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Hand Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Hammers, wrenches, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Electrical power tools: saws, drills, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Gas power tools: weed-eater, chain-saw, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Yard/Garden tools: shovel, rake, broom, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Handguns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Rifle/Shotgun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Baton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Communication Equipment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Telephone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	c. Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Mobile data terminal (MDT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Pager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Vehicles:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Automobiles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Light truck (pick-up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Heavy truck (dump truck, fire truck, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Construction/heavy equipment (loader, tractor, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Boat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Medical Apparatus/Equipment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. First aid equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	b. Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Electronic monitoring equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Patient transport apparatus (spine board, stretcher, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. **Physical Demands:** For each of the activities, please answer the questions asked regarding the intensity, precision and frequency of the listed items.

	Not Required	Required only in unusual situations	Required for 1 hour or less per shift	Required for approx. 2 hours per shift	Required for approx. 4 hours per shift	Required for 6 or more hours per shift
Activity: Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very light lifting: 10# max and occasional lifting of small articles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light lifting: 20# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium lifting: 50# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium lifting: 60# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy lifting: 100# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very heavy lifting: in excess of 100#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very light carrying: 10# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light carrying: 20# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium carrying: 50# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium carrying: 60# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy carrying: 100# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very heavy carrying: in excess of 100#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Activity: Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Physically controlling another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Climbing stairs or ladders up or down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing stairs/routine non-emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing stairs emergency – i.e. pursuit of suspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing ladders – routine – i.e. changing light bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing ladders – emergency – i.e. Fire truck aerial ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing while carrying – i.e. carrying parts, stretcher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching up (to high shelf)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching across (work bench)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching down (to floor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Working Conditions – Environmental Conditions: Check any conditions encountered on an annual basis

Condition	Rarely	Occasionally	Constantly	Seasonally
Dirt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fumes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wetness/humidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibrations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sudden temp. changes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Darkness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Health and Safety: Check any of the following encountered on the job and note the frequency each is encountered

Electrical hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explosives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heights above 10 ft.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bodily Injury – physical attack	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving vehicles/traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (allergies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. Additional Physical Requirements: List any additional physical activities, not previously listed, which are required in the position. Also list the frequency with which the activity is performed.

I. Location: Check the location where the majority of the work is performed.

- Office / indoors
- Shop / warehouse
- Vehicle
- Outdoors
- Other:

Supervisor Review:

I. Your signature below indicates that you have reviewed this questionnaire. If you want to make revisions, please enter them in the margins in the appropriate spaces. Use extra paper if you need to, numbering your comments to match the items in question. These items will be reviewed with you before a final position description is prepared.

II. How many employees under your supervisor perform the same job described above by this employee? _____

III. Supervisor Comments _____

Signature Approvals

Supervisor _____
 Name Title Date

Dept. Head _____
 Name Title Date

REQUEST FOR FISCAL IMPACT INFORMATION

<p>RECLASSIFICATION</p> <p>_____ FTE/Hours</p> <p>_____ Job Class</p> <p>_____ Step</p> <p>_____ Rate</p>	<p>CHANGE FTE/Hours</p> <p>From _____ TO _____</p> <p>CHANGE JOB CLASS/STEP</p> <p>From _____ TO _____</p>
<p>Position Title _____</p> <p>Effective Date _____</p> <p>Department _____</p>	<p>Case Manager-Developmental Disabilities</p> <p>_____ 6 Mo _____</p> <p>Human Services Sub Dept _____</p>

FTE/Hrs	@ Rate	2019 TOTAL SALARY				2019 TOTAL BENEFITS			TOTAL SALARY and Benefits
Case Manager-Developmental Disabilities-Grade H/Level 2									
1.00	\$23.20	48,386				32,060			80,446
Case Manager-Developmental Disabilities-Grade H/Budget									
0.80	\$32.18	54,652				11,148			65,800
Total Salary and Benefit Increase									14,646
Case Manager-Developmental Disabilities-Grade H/Control Point									
1.00	\$25.78	53,767				33,063			86,830
Case Manager-Developmental Disabilities-Grade H/Budget									
0.80	\$32.18	54,652				11,148			65,800
Total Salary and Benefit Increase									21,030

_____ Dept Head Signature Steve Wiggerfuth Finance Director

Date 12/3/18

Disclaimer: This Fiscal Impact does not include Step 1 \$22.56, Step 2 \$23.20, Step 3 \$23.85, Step 4 \$24.49, or Step 5 \$25.14.

This Fiscal Impact is an example illustration of what the costs would be for this position/position change. It is based on estimates and assumptions provided by the Human Resources Department and/or the department in which this position works. Because these estimates and assumptions may change, or may be different than the actual circumstances at the time that this position is filled or this position change takes place, there may be a difference between the costs projected in this Fiscal Impact and the actual costs.

Request to Refill Position

Must follow the process in the Administrative Manual, Section 2.04 – Creation and Classification of Positions.

DEPT. HEAD TO COMPLETE:

Department Human Services Position Title: Case Manager Community Support Program

Position Status: Currently vacant Will be vacant Date Vacant: 2-15-19

Full Time Part Time Limited Term Project Hours per week: _____

Reason for Vacancy: Separation Transfer Retirement Resignation Death

Discuss turnover with the department in the previous 18-24 months: Decreased over previous years

Transfer: why is the new position more attractive to employee than current one? _____

Name of Current / Most Recent Incumbent: Nicki Kahler

Is office space, furniture, and office equipment available? Yes No

If not, explain plan to obtain: _____

Reviewed, updated, and submitted to Human Resources:

Job Analysis Questionnaire

Job Description

Completed by: Joe Krebsbach Date 12-21-19

Financial Information:

Salary Range: H \$22.56 - \$25.78 Is the Position Budgeted: Yes No

Funding Source: Levy % _____ Grant Funded % _____ Other Revenue generated through billing % 160

Fiscal Impact, from Finance Department, completed and attached

HR TO COMPLETE:

EEO 02 - PROFESSIONALS FLSA Status Exempt

Human Resources has performed a position review? NP (HR initial)

The Job Analysis and Job Description have both been updated and signed? NP (HR initial)

Approvals:

County Administrator [Signature] Date 12-22-19

Oversight Committee Chair _____ Date _____

I am aware and approve of the refill and the process moving forward (posting/advertisement/selection for interviews/offer and may participate per Admin. Manual section 2.04.

I want to participate I do not wish to participate

Administrative Committee Chair _____ Date _____

I am aware and approve of the refill and the process moving forward (posting/advertisement/selection for interviews/offer and may participate per Admin. Manual section 2.04.

I want to participate I do not wish to participate



County of Door
DEPARTMENT OF COMMUNITY PROGRAMS
 County Government Center
 421 Nebraska Street
 Sturgeon Bay, WI 54235

Joseph Krebsbach
 Program Director
 (920) 746-2345
 Fax: (920) 746-2439

Memo

To: Human Services Board
 From: Joe Krebsbach
 CC: Administrative Committee
 Date: December 21, 2018
 Re: Request to Refill Community Support Program (CSP) Case Manager position

The CSP Program serves our residents with a severe and persistent mental illness. The goal of this program is to help these individuals integrate into our community and to keep them out of hospital placements. Providing services in the community is much more cost effective and provides better outcomes for our consumers.

We have three Case Management positions in this program and we have received a resignation from one of them, Nicki Kahler. A case manager by statute cannot have more than 20 cases. The program currently serves 53 consumers, with another two admissions scheduled. A CSP Case manager generates more revenue than they cost the county.

I would request that we be allowed to fill this position as soon as possible so we could have a transition of the cases before Nicki leaves her employment. I would be glad to answer any questions that you have about the program or the need for the position.

Respectfully,
 Joe

County of Door
Case Manager-Community Support Program

Job Title	Community Support Program Case Manager/Worker	Last Revision	10/26/2015
Department	Human Services	HR Reviewed	01/01/2017
Division	Community Support Program	Employee Group	General Municipal Employee
Report To	Community Support Program Manager	FLSA Status	Exempt
Pay Grade	H	EEO Code	02 – Professionals

General Summary

Responsible for a wide range of highly creative case management services, provide individualized client centered treatment to facilitate, assist and enhance the ability of persons diagnosed with chronic persistent mental illness live in the community and reduce their risk of hospitalization.

Duties and Responsibilities

Essential Job Functions

1. Maintain a regular schedule of supportive 1:1 contacts both in-home and office contacts to monitor the client's day to day functioning, and symptoms.
2. Report medical/psychiatric concerns directly to CSP Coordinator and prescribing psychiatrist.
3. Provide support, crisis intervention, assist in development of natural supports, make necessary referrals for services, assist with activities of daily living and advocate for their clients to maximize their functional level as displayed by the consumer's community adjustment.
4. Complete required paperwork for state certification to include daily documentation of all 1:1 contacts and collateral contacts as well as treatment plans and crisis plans every 6 months,
5. Attend all psychiatric appointments and medical appointments as time allows.
6. Assist as necessary clients applying for Disability Benefits, Medicaid Applications and Reviews, Rental Assistance / Housing Authority, Energy Assistance, Payee Services, etc.
7. Provides coordination, including transportation as necessary, to ensure client attendance at clinical/medical appointments and other services necessary in the clients' case plans and/or for the client's well being.
8. Works with family members and significant others to provide support, education and maximize participation in clients' treatment programs.
9. Participates, along with other CSP staff, in organizing, facilitating and conducting large social, recreational and/or educational events or programs.

General Job Functions

1. Monitors Commitments and WATTS Reviews as needed.
2. Provides after hours emergency "On-call" services on rotating basis with other clinical staff.
3. Performs other related duties as assigned by the Program Director which may involve CCS case facilitation.

Requirements

Training and Experience

1. Graduate of a certified college or university with a Bachelors Degree in Social Work or related field required. MSW degree preferred.

County of Door Case Manager-Community Support Program

2. Two years of services working with individuals with severe and persistent mental illness required.
3. Complete State on-line training to be approved as screener for MH/AODA functional screen within six months.
4. Complete 40 hours of Crisis Services training to meet HFS 34 Crisis Orientation within 3 months.
5. Current valid Wisconsin drivers license required and automobile in good working condition.

Knowledge, Skills and Abilities Required

1. Demonstrated knowledge of the principles and practice of community mental health services and the ability to work therapeutically; deliver a broad range of intervention services to individuals with chronic persistent mental illness and their families.
2. Good organizational skills to assess arrange and conduct a variety of services as appropriate in often rapidly changing situations.
3. Ability to use tact and courtesy in maintaining an effective working relationship with department employees, county supervisors, county officials, and general public.
4. Maturity, good judgment and a high degree of patience.
5. Ability to read, comprehend, and communicate, both verbally and in writing as well as effectively administer by written, and verbal communications.
6. Basic computer skills. Working knowledge of Word and Outlook are used for documentation and scheduling.

Physical & Working Conditions

Nearly 100% of time work is performed in a normal office setting with little or no discomfort from temperature, dust or noise. Interacting with other employees, general public, whether walking in or on the telephone may be encountered.

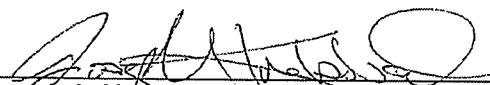
Over 75% of work is performed seated at a desk, working on a computer keyboard and/or telephone with about 10% of work performed standing and walking. Over 75% of the work is performed by talking, hearing, and using both far and near vision. Occasional lifting is required up to 10 lbs. (i.e. paper and equipment).

Client's residences may have varying degrees of limits and potential harm or injury to self. Driving vehicle at all times of the day in varying climates.

In an effort to provide for continuity of County government and to cope with the problems of the emergency, you may be required to work during a proclaimed state of emergency, consistent with Sec 323.14 Wis. Stats. and County emergency management plans and programs.

The above is intended to describe the general content of the requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements. They may be subject to change at any time due to reasonable accommodation or other reasons.

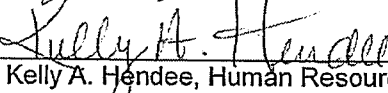
Approvals:



Joseph A. Krebsbach, Human Services Director

2/9/17

Date



Kelly A. Hendee, Human Resources Director

2/9/17

Date

Door County Human Resources Form #: 2015-05		Title: Job Analysis Questionnaire
Date Created 04/2015	Date Revised 10/2015	Admin. Manual or Handbook Reference: Administrative Manual, Section 2.04 – Creation & Classification of Positions

Current Position Title: Community Support Program Case Manager

Department Human Services Division Community Support Program

Report to: (position title): Reports to the Community Support Manager.

A. Job Summary (Purpose): Use two or three brief, specific statements to summarize the overall purpose of the job.

Responsible for a wide range of highly creative case management services; provide individualized client centered treatment to facilitate, assist and enhance the ability of persons diagnosed with chronic persistent mental illness live in the community and reduce their risk of hospitalization. 50% of the work week consists of assisting consumers with activities of daily living in the community. Reports directly to the Community Support Coordinator, works as part of the multidisciplinary team consisting of psychiatrist, RN, MSW, CM and Mental Health Technician.

B. Fundamental duties of the position

- Write one duty per numbered space.
- Rank the duties in order of importance. The most important duty should be number one.
- After listing the specific duties, enter the percentage of time spent on each.
- Indicate which of the items are essential, which is determined considering the following:
 - Does the position exist to perform this function? OR
 - Are there a limited number of employees who can do this duty? Particularly, to the extent that if this position did not perform this duty, it would not get done? OR
 - Does the function require highly specialized skills or expertise that most other employees do not possess? Would the person be hired specifically because of their skill or expertise in performing the function? (i.e. A draftsman is hired because of their skill in precision drawing).
- If "yes" can be answered to any of the above, mark "yes" in the "essential function" column.
- Indicate whether other employees in the department perform this function.

Item No.	Duty	% of Total Time	Essential		Do Others Perform the Same Duty?	
			Yes	No	Yes	No
1.	Direct case management responsibility for caseload of 18 to 20 individuals with chronic persistent mental illness; 50% of supportive 1:1 contact is in the community; remainder in office or other medical settings.	60	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Responsible for maintaining CSP Treatment plan on each consumer yearly; 6 month TX plan reviews; MH/AODA functional screens yearly and daily documentation of all supportive 1:1 contacts, phone calls and collateral contacts.	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Provide after hour Crisis On-Call Service on a rotating basis along with Behavioral Health clinical staff.	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Works with Corporation Counsel to complete Emergency Detention orders, Commitment Extensions and WATTS Reviews as required by DCDHS on assigned cases.	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Work with family members and significant others to provide support, education and maximize participation in client's treatment groups and larger socialization groups in community settings.	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

D. Minimum Education , Experience and Certification Requirements

Education: Check the statement below which indicates the educational requirements for the job (not necessarily your educational background). If a higher degree of education is preferred, please check the appropriate column.

Required	Preferred:	
<input type="checkbox"/>	<input type="checkbox"/>	No formal education
<input type="checkbox"/>	<input type="checkbox"/>	Less than high school education
<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent
<input type="checkbox"/>	<input type="checkbox"/>	Associate's degree or equivalent
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree or equivalent
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Graduate work or advance degree
<input type="checkbox"/>	<input type="checkbox"/>	Professional license required (list below under certification)

Experience: Check the amount of experience needed to perform this job (not the experience you brought to the job)

<input type="checkbox"/>	No previous experience required.
<input type="checkbox"/>	Up to one year of experience required.
<input checked="" type="checkbox"/>	One to at least three years' experience required.
<input type="checkbox"/>	Over three years and up to and including six years' experience required.
<input type="checkbox"/>	Over six years and up to and including nine years' experience required.
<input type="checkbox"/>	Over ten (10) years of experience required.
<input type="checkbox"/>	Experience in related field
<input type="checkbox"/>	Experience in (specify):

Certification: List any licenses, certifications, statutory requirements or registrations required for this position. Use the exact name of license, certification, etc.

1.	MSW Licensed to practice in the State of WI with proof of 3000 hours supervised practice.
2.	BSW Licensed to practice in the State of WI with three years direct work experience with adults (CMI population)
3.	
4.	
5.	
6.	Valid State of Wisconsin Driver's License Required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Type: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> CDL Endorsement Required:

E. Equipment and Machinery: Indicate equipment and/or machinery that is necessary to accomplish the job, and the amount of time per week which involves using each piece of equipment.

No.	Equipment Used	Freq.	Daily	Weekly	Monthly	As Needed
1.	No equipment used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Basic office equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Typewriter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Computer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Copy machine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Fax machine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Hand Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Hammers, wrenches, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Electrical power tools: saws, drills, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Gas power tools: weed-eater, chain-saw, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Yard/Garden tools: shovel, rake, broom, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Handguns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Rifle/Shotgun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Baton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Communication Equipment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Telephone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Cell Phone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Mobile data terminal (MDT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Pager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Vehicles:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Automobiles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Light truck (pick-up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Heavy truck (dump truck, fire truck, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Construction/heavy equipment (loader, tractor, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Boat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Medical Apparatus/Equipment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. First aid equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Electronic monitoring equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Patient transport apparatus (spine board, stretcher, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. Physical Demands: For each of the activities, please answer the questions asked regarding the intensity, precision and frequency of the listed items.

	Not Required	Required only in unusual situations	Required for 1 hour or less per shift	Required for approx. 2 hours per shift	Required for approx. 4 hours per shift	Required for 6 or more hours per shift
Activity: Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very light lifting: 10# max and occasional lifting of small articles	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light lifting: 20# max	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium lifting: 50# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium lifting: 60# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy lifting: 100# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very heavy lifting: in excess of 100#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very light carrying: 10# max	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light carrying: 20# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium carrying: 50# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium carrying: 60# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy carrying: 100# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very heavy carrying: in excess of 100#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Physically controlling another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Climbing stairs or ladders up or down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing stairs/routine non-emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing stairs emergency – i.e. pursuit of suspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing ladders – routine – i.e. changing light bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing ladders – emergency – i.e. Fire truck aerial ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing while carrying – i.e. carrying parts, stretcher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching up (to high shelf)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching across (work bench)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching down (to floor)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Working Conditions – Environmental Conditions: Check any conditions encountered on an annual basis

Condition	Rarely	Occasionally	Constantly	Seasonally
Dirt	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wetness/humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sudden temp. changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Darkness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Safety: Check any of the following encountered on the job and note the frequency each is encountered				
Electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explosives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heights above 10 ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bodily Injury – physical attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving vehicles/traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (allergies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. Additional Physical Requirements: List any additional physical activities, not previously listed, which are required in the position. Also list the frequency with which the activity is performed.

Demonstrate knowledge of the principles and practice of community mental health services and the ability to work therapeutically; deliver a broad range of intervention services to individuals with chronic persistent mental illness and their families. Good organizational skills to assess arrange and conduct a variety of services in rapidly changing crisis situations both in and out of the office. Staff must display maturity, good judgment and a high degree of patience in stressful work situations. Automobile in good working condition, proof of auto insurance, with valid driver's license; must use own vehicle when county vehicle is not available to transport clients to and from appointments. Basic computer skills to operate Word and Outlook programs. 50% of service hours are to be provided in client's home or community settings.

I. Location: Check the location where the majority of the work is performed.

- Office / indoors
- Shop / warehouse
- Vehicle
- Outdoors
- Other: Client's home, JAK's Place, Medical Appointments, etc. - 50%

Supervisor Review:

I. Your signature below indicates that you have reviewed this questionnaire. If you want to make revisions, please enter them in the margins in the appropriate spaces. Use extra paper if you need to, numbering your comments to match the items in question. These items will be reviewed with you before a final position description is prepared.

II. How many employees under your supervisor perform the same job described above by this employee? Three

III. Supervisor Comments _____

Signature Approvals

Supervisor Sheryl Flores, LCSW CSP Manager 10/26/15
 Name Title Date
 Dept. Head Joseph Hernandez Director 10/26/15
 Name Title Date

REQUEST FOR FISCAL IMPACT INFORMATION

_____ RECLASSIFICATION
 _____ FTE/Hours
 _____ Job Class
 _____ Step
 _____ Rate

CHANGE FTE/Hours
 From _____ TO _____
 CHANGE JOB CLASS/STEP
 From _____ TO _____

Position Title
 Effective Date
 Department

CSP Case Manager
 _____ 6 Mo
Human Services Sub Dept _____

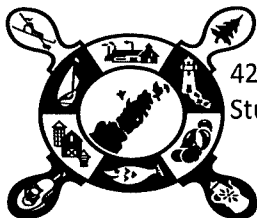
FTE/Hrs	@ Rate	2019 TOTAL SALARY					2019 TOTAL BENEFITS			TOTAL SALARY and Benefits
CSP Case Manager-Grade H/Level 1										
1.00	\$22.56	47,051					31,873			78,924
CSP Case Manager - Grade H/Budget										
1.00	\$23.20	48,386					32,126			80,512
Total Salary and Benefit Decrease										(1,588)
CSP Case Manager-Grade H/Control Point										
1.00	\$25.78	53,767					33,143			86,910
CSP Case Manager - Grade H/Budget										
1.00	\$23.20	48,386					32,126			80,512
Total Salary and Benefit Increase										6,398

Dept Head Signature Steve Wippenhuth
 Date 12/21/18

Finance Director

Disclaimer: This Fiscal Impact does not include Step 2 \$23.20, Step 3 \$23.85, Step 4 \$24.49, or Step 5 \$25.14.

This Fiscal Impact is an example illustration of what the costs would be for this position/position change. It is based on estimates and assumptions provided by the Human Resources Department and/or the department in which this position works. Because these estimates and assumptions may change, or may be different than the actual circumstances at the time that this position is filled or this position change takes place, there may be a difference between the costs projected in this Fiscal Impact and the actual costs.

**DOOR COUNTY DEPARTMENT OF HUMAN SERVICES**

421 Nebraska Street
Sturgeon Bay WI 54235

Main Line: 920-746-7155

Joseph Krebsbach, Director

1st Floor Fax: 920-746-2355

2nd Floor Fax: 920-746-2349

dhs@co.door.wi.us

11/26/2018

Human Resources

RE: Emma Lehman Probation period approval

Emma has been a positive and active employee since her start date. Emma has met all competency expectations to date. She has completed multiple trainings to fulfill requirements. Emma has been engaged in participating in department activities and is a valuable member of the team. This manager recommends Emma move to permanent status as a Door County employee.

Sincerely,

A handwritten signature in black ink, appearing to read "Dori Goddard".

Dori Goddard, MSW

CPS/JJ Manager

Door County Department of Human Services

County of Door



County of Door
DEPARTMENT OF COMMUNITY PROGRAMS
County Government Center
421 Nebraska Street
Sturgeon Bay, WI 54235

Joseph Krebsbach
Program Director
(920) 746-2345
Fax: (920) 746-2439

December 17th, 2018

Kelly Hendee
HR Director

Re: Completion of Introductory Period

Name: Julie Behnke

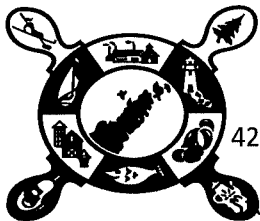
Start Date: June 11, 2018

Julie has done a nice job of learning her role as the Business Manager. Due to the size and complexity of the budget and operations of the department, this is a very complicated role to learn. Julie has showed the ability to learn the programs, research documents and work independently. She continues to work on developing rapport with her team and has fit in well with the management team. I am recommending that Julie move to regular status as of 12-19-18.

Sincerely,

Joseph A. Krebsbach
Department of Human Services

Cc: Human Services board
Administrative Committee



DOOR COUNTY DEPARTMENT OF HUMAN SERVICES

421 Nebraska Street

Sturgeon Bay WI 54235

Main Line: 920-746-7155

Joseph Krebsbach, Director

1st Floor Fax: 920-746-2355

2nd Floor Fax: 920-746-2349

dhs@co.door.wi.us

December 21, 2018

Kelly Hendee
Human Resources Director
421 Nebraska St.
Sturgeon Bay, WI 54235

Re: Completion of Introductory Period
Employee Name: Hope Klatt
Position: Comprehensive Community Services (CCS) Case Manager
Start Date: June 18, 2018

As of December 18, Hope Klatt has successfully completed her introductory period as Comprehensive Community Services (CCS) Case Manager with Door County Department of Human Services.

Hope has completed all orientation and introductory training required for her position and continues to participate in additional learning opportunities. She is meeting all expectations of the position and performing assigned duties and responsibilities as required. She has demonstrated her ability to competently follow policies and procedures, and does not hesitate to seek supervision when necessary.

Hope is a tremendous asset to the CCS Team and the Human Services agency as a whole. She has established positive connections with colleagues, community partners, and the individuals she serves. She is a very positive person and her calm demeanor is much appreciated.

Without reservation, I recommend that Hope move to regular employment status effective December 18, 2018.

Sincerely,

Jamie Cole, MSW
Jamie Cole, MSW
CCS Program Manager

Cc: Joe Krebsbach, Human Services Director
Cori McFarlane, Human Services Deputy Director
Human Services Board
Administrative Committee



DOOR COUNTY DEPARTMENT OF HUMAN SERVICES

421 Nebraska Street
Sturgeon Bay WI 54235
Main Line: 920-746-7155

Joseph Krebsbach, Director
1st Floor Fax: 920-746-2355
2nd Floor Fax: 920-746-2349
dhs@co.door.wi.us

DATE: December 17, 2018

TO: Kelly Hendee, Human Resources Director

FROM: Cori McFarlane, Deputy Director
Department of Human Services

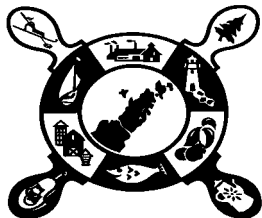
RE: Completion on Introductory Period
Employee Name: Jamie Cole
Position: Comprehensive Community Services (CCS) Program Manager
Start Date: July 9, 2018

On January 9, Jamie Cole will have successfully completed her introductory period as CCS Program Manager in the Human Services Department. Jamie has completed all orientation and introductory training required of her position. She is meeting or exceeding all expectations of the position, and her transition from crisis case manager to a management position has gone very well.

Jamie's organizational skills and follow-through have brought a new level of order and consistency to the CCS and CST (Coordinated Services Teams) programs, which has proven beneficial for staff and clients. She has successfully navigated state reviews of both of her program areas, resulting in two-year recertification of our CCS program. Jamie's mental health/clinical perspective and training are also extremely valuable in this role. She has helped to build connections with our other behavioral health services, ensuring CCS is part of a continuum of services for individuals across the lifespan. As a new supervisor, she is providing solid leadership and coaching to her employees.

It is without reservation that I recommend Jamie move to regular employment status effective January 9, 2019.

Cc: Joe Krebsbach, Human Services Director
Human Services Board
Administrative Committee


DOOR COUNTY DEPARTMENT OF HUMAN SERVICES

421 Nebraska Street
 Sturgeon Bay WI 54235
 Main Line: 920-746-7155

Joseph Krebsbach, Director
 1st Floor Fax: 920-746-2355
 2nd Floor Fax: 920-746-2349
dhs@co.door.wi.us

December 20, 2018

Kelly Hendee
 Door County Human Resources
 421 Nebraska St.
 Sturgeon Bay, WI 54235

RE: Completion of Introductory Period

Employee Name: Gloria Schneider

Position: Children and Families Support and Service Case Manager

Gloria previously served as the RN for the MA Personal Care Program. As that program was gradually phased out she was assigned some Children's Long Term Support Waiver cases to meet the shifting needs of the program division. With the eventual end of the Personal Care Program, Gloria's position officially transitioned to Children's Long-Term Support Case Manager (part-time) effective 7/2/18. Gloria has completed all required training and orientation for this position. She is currently meeting all expectations in performing the job functions and essential duties of her position.

Gloria's nursing background is proving valuable in meeting the needs of some of the more medically fragile children on her caseload. In all cases, Gloria meets her consumers where they are at and is a very creative thinker in seeking the best fit for services and goods that will meet the desired outcomes identified by the child and their family. Gloria is a valued member of the team, always conducting herself with professionalism and integrity. Gloria has demonstrated commitment and tenacity in learning the technical aspects of the Children's Long Term Support Waiver.

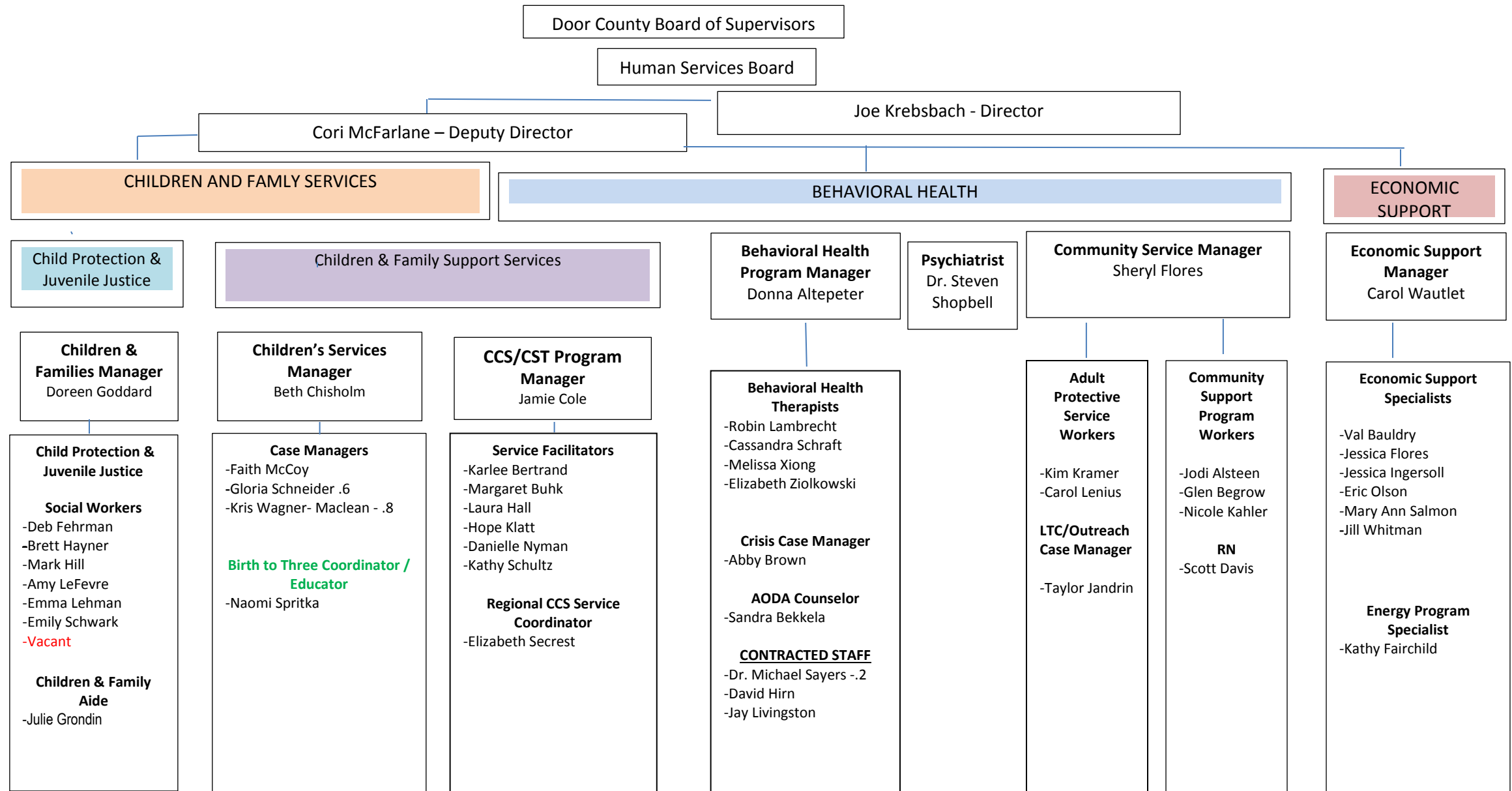
I recommend Gloria for regular status in her position effective January 2, 2019.

Sincerely,

Beth Chisholm
 Children's Services Program Manager
 Door County Human Services

CC: Helen Bacon-Human Services Board Chair
 Joe Krebsbach-Human Services Director

DOOR COUNTY DEPARTMENT OF HUMAN SERVICES – **STAFFING**
 Organization Chart 12.31.18



DOOR COUNTY DEPARTMENT OF HUMAN SERVICES – STAFFING (continued)
 Organization Chart – 12.31.18

