

County ID #:

County:

Certificate of Compliance #:

Facility Name:

Parent Organization:

Unit Identification #:

Facility Location:

Mailing Address:

Unit Name:

Type of Service:

Salary and Wages	Prior Year Actual	Title IV-E Allowable	Number of Staff		FTE	Current Budget	Title IV-E Allowable	Number of Staff		FTE	Projected Budget	Title IV-E Allowable	Number of Staff		FTE
	FY_____	FY_____	FT	PT		Year FY_____	FY_____	FT	PT		FY_____	FY_____	FT	PT	
Managers/Supervisors															
Managers/Supervisors															
Direct Care Staff															
Direct care professionals															
Support Staff															
Administrative Assist/Clerical/Receptionist															
Maintenance/ Housekeeper															
Food service worker															
Drivers															
Intern															
Total															
Clinical/ Treatment Staff															
Psychiatrist/Psychologist															
General Practice/Family Practice															
Nurse-RN/LPN															
Clinical Therapist															
Mental Health Tech															
Total															
Totals of All Staff:															

Comments Concerning Allocation of Time or Number of Staff: