

**DEPARTMENT OF HUMAN SERVICES  
JUVENILE DEPENDENCY  
TITLE IV-E CLAIM FORM**

<b>A.</b>	County:		Invoice # Below	Report Date:	
	Mailing Address:			Quarter Ended:	9/30/2018
	City, State, Zip:		<b>Total Quarterly Reimbursement</b>		\$ -

**B. Qualifying Children's cases worked during quarter:**  
See attached:

	Employee Name	Quarterly Salaries and Fringe Benefits	% of Time Spent on CW Cases	Eligible Cost
				\$ -
				\$ -
				\$ -
				\$ -

<b># Employees Listed</b>	2	Average % in Qtr	0%	\$ -
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<b>D.</b>	Other Operating Expenses Untracked	\$ -		\$ -
	Expert Witness Expenses			\$ -
	Tracked Dependency Supplies	\$ -		\$ -
	Tracked Training/Travel Expenses			\$ -
<b>E.</b>	<b>Total Reimbursable Costs</b>			\$ -
<b>F.</b>	<b>DHS Foster Care IV-E Eligibility Rate</b>		58.91%	
<b>G.</b>	<b>Federal IV-E Administrative Reimbursement Rate 50%</b>		58.91% & x 50%	\$ -
	<b>Federal IV-E Enhanced Training/Travel Reimbursement Rate 75%</b>		58.91% & x 75%	\$ -
<b>H.</b>	<b>Total Reimbursement for Quarter (Title IV-E)</b>			\$ -
	Adjustment Addition		\$0.00	
	Adjustment Subtraction		\$0.00	
	<b>Adjusted Total Reimbursement for Quarter (Title IV-E)</b>			\$ -

**I. Certification:**

The District Attorney performed all work for which reimbursement is sought in accordance with Title IV-E Intergovernmental Agreement. I certify the public funds are not federal funds, and are not used to match or provide maintenance of effort for other federal funds. The records documenting these public fund expenditures are on file and are available for review by state and/or federal government upon request.

	Signature:		Prepared by:
	Typed Name:		Name:
	Title:		Contact Phone:

<b>K.</b>	<b>DHS Validation</b>	Sign:	Date:	<b>Balance:</b>	\$0.00
		Calculation correct:		<b>This Claim:</b>	\$ -
		Amount claimed correct:		<b>Available After This Claim:</b>	\$0.00
		Date paid to County:			

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