

**OFFICE OF CHILDREN'S SERVICES  
FY-2009  
RESIDENTIAL CHILD CARE  
MONTHLY SUMMARY REPORT**

Grantee: \_\_\_\_\_ Grant No. \_\_\_\_\_

Program Description/ Project No. \_\_\_\_\_

The following reports are attached for the month/year of \_\_\_\_\_.

	Yes	No
Attendance Report (Custody, Community, Under 30 Months)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>If applicable:</b> Authorization to Hold a Bed for a Child Approved in a residential child care facility in Alaska	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>If applicable:</b> Request to OCS for Additional Funds for child placed in residential care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>If applicable:</b> Authorization for Additional Absent Days for child already placed in residential care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>If applicable:</b> Voluntary Placement Agreement	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**If applicable:**  
 Number of new non-custody (community) placements into State-reserved beds: \_\_  
 Total number of non-custody placements in State-reserved beds: \_\_\_\_

**Please indicate the following number of days provided under the following:**

[P] Present and was provided BRS \_\_\_\_\_ [R] Run \_\_\_\_ [V] Home Visit \_\_  
 [F] Youth Facility \_\_\_\_

[O] Other \_\_\_\_ [D] Discharged \_\_\_\_\_ [H] Hold \_\_\_\_\_ [M] Medical \_\_\_\_

To receive compensation for services rendered through this grant and provider agreement, all supportive documentation (Authorization to Hold a Residential Childcare Facility Bed, Request to OCS for Additional Funds, and Authorizations for Additional Absent Days and other occurrences exceeding allowable days) must be approved and accompany this report. Failure to provide approved backup for hold days and other circumstances which occurred throughout the month will result in the facility not being compensated for those unapproved reported days of service.

Grantees will have **45** days from the end of the month to submit any approved documentation, in order to receive compensation for those days claimed, which did not have an approval attached.

All Residential Child Care / BRS Monthly Reports must be submitted to Dave Nugent at **dave\_nugent@health.state.ak.us** or OCS, P.O. Box 110630, Juneau, Alaska 99811-0630.

To ensure a quick payment turnaround, reports should be submitted by the 5th day of the following month. Quarterly, narrative and fiscal reports must be received and approved before a payment can be released.