OCFS-0014 (Rev 7/2005)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DETENTION CARE PROVIDED AND FISCAL SUMMARY

SOCIAL SERVICES DISTRICT:	QUARTER YEAR:

TYPE OF CLAIM:

☐ ORIGINAL   ☐ RESUBMISSION   ☐ ADJUSTED

CATEGORY	DETENTION CARE PROVIDERS				TOTALS
	Secure Detention Charges		Non Secure Detention Charges		
	Local	State	Local	State	
A. CARE PROVIDED (Form OCFS-0011)					
NUMBER OF DAYS OF CARE					

CATEGORY					
B. FISCAL SUMMARY:					
1. Operating Cost - Detention					
2. Reserved Accommodations (Family Boarding Homes Only)					
3. Total Expenditures (Line 1 Plus Line 2)					
4. Youth Support Collections					
5. Expenditures Subject to Reimbursement (Line 3 Minus Line 4)					
6. 50% of Line 5					
7. Total Reimbursement claimed (Line 5 Minus Line 6)					

CERTIFICATE OF ADMINISTRATIVE OFFICER

I certify that the expenditures which are included herein have been authorized by me and have been made for the care and maintenance of youth in accordance with the provisions of Section 530 of the Executive Law; that the amounts detailed in this claim are a just, true, and correct statement of the expenditures made during the quarter ended _____ ;

and that no part of such expenditures has been claimed previously, except as stated therein.

ADMINISTRATIVE OFFICER:	TITLE:	DATE:

CERTIFICATE OF FISCAL OFFICER

I certify that I have made expenditures for the care and maintenance of youth in the amounts shown herein; that such expenditures were made on the authority of the administrative official whose certificate appears herein; that the amounts stated herein as the State share of expenditures are actually due and owning from the State of New York; that these amounts represent the claims of this social services district for the quarter ended _____ ;

That the amounts stated herein are just, true, and correct; that no part thereof has been paid; and such amounts are actually due and owing.

FISCAL OFFICER:	TITLE:	DATE: