Child Placing Agency (CPA)
Cost Report

Reporting Period: 1/1/2011 **to:** 12/31/2011

VENDOR

Vendor Name	Street Address	City	State	Zip Code	Telephone Number

Agency Type	License Facility Type	Federal Tax Identification Number / EIN	KidTraks Vendor ID	I-Rate Cost Report ID	Days of Operation
	Child Placing Agency				

§1.1 Programs

Level of Care Name	Rate Listing ID	Category of Supervision Name	DCS Payment Rate	Utilization	Payments to Foster Parents	Average Payment to Foster Parents
			Totals:			

CONTACTS

Name of Person Completing Report	Title	Signature	Date	Telephone Number	Fax Number	Email Address

Name of Vendor Authorized Representative	Title	Signature	Date	Telephone Number	Fax Number	Email Address

Vendor Name:

License Facility Type: Child Placing Agency

Cost Entry	Total		Administrative			Adoption			Time Study			Non IV-E (IL & Recreation)			Behavioral Health			Medical			Education			Unallowable		
	$	FTE	$	FTE	%	$	FTE	%	$	FTE	%	$	FTE	%	$	FTE	%	$	FTE	%	$	FTE	%	$	FTE	%
§3.1 Salaries and Wages																										
Total	$ -	0.000	$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000	
§3.2 Fringe Benefits & Payroll Taxes																										
Social Security & Medicare			$ -			$ -			$ -			$ -			$ -			$ -			$ -			$ -		
Workers Compensation			$ -			$ -			$ -			$ -			$ -			$ -			$ -			$ -		
Unemployment Insurance			$ -			$ -			$ -			$ -			$ -			$ -			$ -			$ -		
Retirement			$ -			$ -			$ -			$ -			$ -			$ -			$ -			$ -		
Health, Dental, Vision, etc.			$ -			$ -			$ -			$ -			$ -			$ -			$ -			$ -		
Life Insurance			$ -			$ -			$ -			$ -			$ -			$ -			$ -			$ -		
Disability Insurance			$ -			$ -			$ -			$ -			$ -			$ -			$ -			$ -		
Other Fringe Benefits & Payroll Taxes			$ -			$ -			$ -			$ -			$ -			$ -			$ -			$ -		
Total			$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000	
§3.3 Contracted Services																										
Other Contracted Services																										
Total	$ -	0.000	$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000	

Time Study Cost Allocation			Administrative			Adoption			Case Management			Non IV-E (IL & Recreation)			Behavioral Health			Medical			Education			Unallowable		
			$	FTE	%	$	FTE	%	$	FTE	%	$	FTE	%	$	FTE	%	$	FTE	%	$	FTE	%	$	FTE	%
§3.1 Salaries and Wages	$ -	0.000	$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000	
§3.2 Fringe Benefits & Payroll Taxes	$ -		$ -		19.19%	$ -		1.32%	$ -		75.00%	$ -		0.00%	$ -		2.85%	$ -		0.79%	$ -		0.32%	$ -		0.53%
§3.3 Contracted Services	$ -	0.000	$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000	
Personnel Cost By Activity Type																										
§3.1 Salaries and Wages	$ -	0.000	$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000	
§3.2 Fringe Benefits & Payroll Taxes	$ -		$ -			$ -			$ -			$ -			$ -			$ -			$ -			$ -		
§3.3 Contracted Services	$ -	0.000	$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000	
Total Personnel	$ -	0.000	$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000	

Vendor Name:

License Facility Type: Child Placing Agency

Cost Entry	Total	Administrative		Adoption		Case Management		Non IV-E (IL & Recreation)		Behavioral Health		Medical		Education		Unallowable	
	$	$	%	$	%	$	%	$	%	$	%	$	%	$	%	$	%
§4.1 Child/Resident																	
Food																	
Clothing																	
School Supplies & Fees																	
Household Supplies																	
Medicine Chest Items																	
Medical/Prescriptions/Testing																	
Personal Incidentals																	
Program Supplies																	
Liability Insurance																	
Other Child/Resident																	
Total	$ -	$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	
§4.2 Operating																	
Food/Household Supplies																	
Office Supplies																	
Fees, Dues, & Subscriptions																	
Accident Insurance																	
Advertising																	
Printing/Postage/Shredding																	
Conference & Training																	
Employee Medical Exams																	
Employee Recruitment																	
Bad Debt																	
Donations																	
Fundraising																	
Other Operating																	
Total	$ -	$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	
§4.3 Occupancy																	
Depreciation (Building & Grounds)																	
Depreciation (Equipment)																	
Rent																	
Mortgage Interest																	
Property Taxes																	
Property Insurance																	
Utilities																	
Telephone																	
Maint. & Repair (Building & Grounds)																	
Maintenance & Repair (Equipment)																	
Small Equipment Purchase																	
Leased and Rented Equipment																	
Other Occupancy																	
Total	$ -	$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	
§4.4 Travel																	
Gas, Oil, Maintenance & Repair																	
Staff Mileage																	
Auto Insurance																	
Conference / Training (Travel)																	
Purchased Transportation (Child)																	
Other Travel																	
Total	$ -	$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	
Total Program	$ -	$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	

Vendor Name:

License Facility Type: Child Placing Agency

Cost Entry	Total		Adoption			Case Management			Non IV-E (IL & Recreation)			Behavioral Health			Medical			Education			Unallowable		
	$	FTE	$	FTE	%	$	FTE	%	$	FTE	%	$	FTE	%	$	FTE	%	$	FTE	%	$	FTE	%
§5.1 Indirect Personnel																							
Senior Management																							
General Administrative																							
Human Resources																							
Finance																							
Facilities Management																							
Management Information Systems																							
Fundraising / Development																							
Other Indirect Personnel																							
Total	$ -	0.000	$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000		$ -	0.000	
§5.2 Indirect Operating																							
Food/Household Supplies																							
Office Supplies																							
Fees, Dues, & Subscriptions																							
Accident Insurance																							
Advertising																							
Printing/Postage/Shredding																							
Conference & Training																							
Employee Medical Exams																							
Bad Debt																							
Donations																							
Fundraising																							
Depreciation (Building & Grounds)																							
Depreciation (Equipment)																							
Rent																							
Mortgage Interest																							
Property Taxes																							
Property Insurance																							
Utilities																							
Telephone																							
Maint. & Repair (Building & Grounds)																							
Maintenance & Repair (Equipment)																							
Small Equipment Purchase																							
Leased and Rented Equipment																							
Gas, Oil, Maintenance & Repair																							
Staff Mileage																							
Auto Insurance																							
Conference / Training (Travel)																							
Management Fees																							
Other Indirect Operating																							
Total	$ -		$ -			$ -			$ -			$ -			$ -			$ -			$ -		
Total Indirect	$ -		$ -			$ -			$ -			$ -			$ -			$ -			$ -		

Vendor Name:

License Facility Type: Child Placing Agency

Payer / Revenue Source	Total	Per Diem Payments / Add-Ons		Case Management		Adoption		Behavioral Health		Medical		Education		Donations / Fundraising		Other	
	$	$	%	$	%	$	%	$	%	$	%	$	%	$	%	$	%
§6.1 Direct Program Revenue																	
Indiana DCS																	
Indiana DOC																	
Indiana DOE																	
Indiana FSSA																	
Private Pay																	
Medicaid																	
USDA National School Lunch Program																	
Donations																	
Fundraising																	
Other Direct Program Revenue																	
Total	$ -	$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	
§6.2 Indirect Revenue																	
Donations																	
Fundraising																	
Interest																	
Medicaid																	
Rent																	
Other Indirect Revenue																	
Total	$ -	$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	
Total Revenue	$ -	$ -		$ -		$ -		$ -		$ -		$ -		$ -		$ -	

Cost Entry	Total $	Notes

"Other" Cost Entry Description

Other Fringe Benefits & Payroll Taxes		
Other Contracted Services		
Other Child/Resident		
Other Operating		
Other Occupancy		
Other Travel		
Other Indirect Personnel		
Other Indirect Operating		
Other Direct Program Revenue		
Other Indirect Revenue		

Small Equipment Purchase Schedule

Total Small Equipment Purchase	$ -	
Subtotal Small Equipment Purchase	$ -	

Leased and Rented Equipment Schedule

Total Leased and Rented Equipment	$ -	
Subtotal Leased and Rented Equipment	$ -	