

NEW YORK STATE
OFFICE OF CHILDREN & FAMILY SERVICES

REPORT OF COLLECTIONS - - YOUTH IN OCFS FACILITIES

NAME OF REPORTING DISTRICT: _____

QUARTER ENDED: _____

COLLECTION DATE (M/D/Y)	YOUTH NAME Last,, First, Mi	PERIOD COVERED (M/Y)		TYPE OF COLLECTION		STATUS			ADJ. (Check)	AMOUNT COLLECTED	STATE SHARE A	LOCAL SHARE	FEDERAL IV-E SHARE B
		FROM (M/Y)	TO (M/Y)	Social Security Last 4 digits	Parental Support	TITLE IV-E	LOCAL	STATE					

TOTALS:

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1. STATE SHARE (Column A Total)	
2. FEDERAL TITLE IV-E SHARE (Column B Total)	
3. NET AMOUNT DUE STATE (Line 1 Plus Line 2)	

CERTIFICATE OF OFFICIAL MAKING COLLECTIONS

I certify that the amounts reported above represent the total amount of all collections pursuant to Article 19-G, Title 4 of the Executive Law received by the social services district named herein during the period covered by this report, and that such collections were made, and are reported herein, pursuant to Article 19G, Title 4 of the Executive Law.

Authorized Official _____

Signature

Title

Date

CERTIFICATE OF THE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

I certify that the amounts claimed herein represent the state share of collections reported by the above named social services district for the period indicated, pursuant to the provisions of Article 19G, Title 4 of the Executive Law; that the amounts claimed herein are just, true and correct; that no part thereof has previously been paid; and that such amounts are actually due and owing.

Authorized Official _____

Signature

Title

Date

AUTHORIZATION TO LOCAL FISCAL OFFICER TO MAKE PAYMENT AND TRANSFERS

You are hereby authorized to make the payments to the state requested above, and to transfer to revenue the amounts representing the local share of the collections reported above.

Authorized Official _____

Signature

Title

Date

BILL NUMBER: _____