### REPORT OF COLLECTIONS - - YOUTH IN OCFS FACILITIES

**NAME OF REPORTING DISTRICT:**

**QUARTER ENDED:**

<table>
<thead>
<tr>
<th>COLLECTION DATE</th>
<th>YOUTH NAME</th>
<th>PERIOD COVERED (M/Y)</th>
<th>TYPE OF COLLECTION</th>
<th>STATUS</th>
<th>ADJ.</th>
<th>AMOUNT COLLECTED</th>
<th>STATE SHARE</th>
<th>LOCAL SHARE</th>
<th>FEDERAL IV-E SHARE</th>
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</thead>
<tbody>
<tr>
<td>(M/D/Y)</td>
<td>Last., First, Mi</td>
<td>FROM (M/Y) TO (M/Y)</td>
<td>Social Security</td>
<td>Parental Support</td>
<td>TITLE IV-E</td>
<td>LOCAL</td>
<td>STATE</td>
<td>(Check)</td>
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</table>

**TOTALS:**

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:**

DISTRIBUTION: 2 COPIES TO NYS OCFS, Bureau of Financial Operations, Room 204, 52 Washington Street, Rensselaer, NY 12144;

1 COPY TO County DSS ; 1 COPY TO Fiscal Officer File