



# Schenectady County Public Health Services

## Schenectady County Public Health Services - Children With Special Needs Program Reconciliation Rate Adjustment Sheet - Centerbased Only

Agency: \_\_\_\_\_

School Year: \_\_\_\_\_

|                           | CHILD'S NAME<br>Last, First (Alphabetical Order Only) | Program<br>Rate Code<br>(hrs/day) | FTE | RECONCILIATION<br>RATE | RECONCILIATION<br>AMOUNT | TOTAL<br>AMOUNT PAID | BALANCE<br>DUE OR (OWED) |
|---------------------------|---|-----------------------------------|-----|------------------------|--------------------------|----------------------|--------------------------|
| 1                         |   |                                   |     |                        |                          |                      |                          |
| 2                         |   |                                   |     |                        |                          |                      |                          |
| 3                         |   |                                   |     |                        |                          |                      |                          |
| 4                         |   |                                   |     |                        |                          |                      |                          |
| 5                         |   |                                   |     |                        |                          |                      |                          |
| 6                         |   |                                   |     |                        |                          |                      |                          |
| 7                         |   |                                   |     |                        |                          |                      |                          |
| 8                         |   |                                   |     |                        |                          |                      |                          |
| 9                         |   |                                   |     |                        |                          |                      |                          |
| 10                        |   |                                   |     |                        |                          |                      |                          |
| 11                        |   |                                   |     |                        |                          |                      |                          |
| 12                        |   |                                   |     |                        |                          |                      |                          |
| 13                        |   |                                   |     |                        |                          |                      |                          |
| 14                        |   |                                   |     |                        |                          |                      |                          |
| 15                        |   |                                   |     |                        |                          |                      |                          |
| <b>Total this Voucher</b> |   |                                   |     |                        |                          |                      | \$                       |

Authorized Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_