

For Commission Use Only

Date Submitted to Board of County Commissioners: March 12, 2018

Reference #: 19-014

Request: Rent

Amount: \$ 500.00

Recommendation of County Assistance Officer: Approved portion of Rent - MH

Reference #: 19-015

Request: Utilities

Amount: \$ 117.20

Recommendation of County Assistance Officer: Approved Utilities - MH

Reference #: 19-015

Request: Rent

Amount: \$ 175.00

Recommendation of County Assistance Officer: Approved Rent (Lot) -MH

Reference #: 19-017

Request: Medical

Amount: \$ 51.12

Recommendation of County Assistance Officer: Approved - Medication refills needed- MH

Reference #: 19-018

Request: Medical

Amount: \$ 6,614.43

Recommendation of County Assistance Officer: Denied - Hospital /SDCL 28-13 MH

Reference #: 19-019

Request: Medical

Amount: \$ 20,000.00

Recommendation of County Assistance Officer: Denied - Hospital /SDCLI 28-13 MH

Reference #: 19-020

Request: Utiliteis

Amount: \$ 813.71

Recommendation of County Assistance Officer: Approved - Utilities MH

Reference #:

Request:

Amount:

Recommendation of County Assistance Officer:

Reference #:

Request:

Amount:

Recommendation of County Assistance Officer:

Reference #:

Request:

Amount:

Recommendation of County Assistance Officer: