

For Commission Use Only

Date Submitted to Board of County Commissioners: June 4, 2019

Reference #: 19-070

Request: Rent

Amount: \$ 450.00

Recommendation of County Assistance Officer: MH approved past rent

Reference #: 19-071

Request: Medical

Amount: \$ 1,477.60

Recommendation of County Assistance Officer: MH approved Medicaid Rate

Reference #: 19-072

Request: Medical

Amount: \$ 4,154.49

Recommendation of County Assistance Officer: MH approved Medicaid Rate

Reference #: 19-0

Request:

Amount:

Recommendation of County Assistance Officer:

Reference #: 19-0

Request:

Amount:

Recommendation of County Assistance Officer: