

Expenditure Balance Report Refugee Health Screening Cash and Medical Assistance Program

Month/Year

Line Item	Line Item Description	FY 22 BUDGET	Current Expenditure	Expenditures YTD	Budget Balance
Refugee Cash Assistance RCA	a) RCA Recipient Costs				\$ -
	b) RCA Administration				\$ -
					\$ -
	c) Subtotal	\$ -	\$ -	\$ -	\$ -
Refugee Medical Assistance RMA	a) RMA Recipient Costs				\$ -
	b) RMA Administration				\$ -
	c) Medical Screening				\$ -
	d) Medical Screening Administration				\$ -
					\$ -
	e) Subtotal	\$ -	\$ -	\$ -	\$ -
Unaccompanied Refugee Minors URM	a) Services for URMs				\$ -
	b) URM Program Administration				\$ -
					\$ -
	c) Subtotal	\$ -	\$ -	\$ -	\$ -
	Administration -Planning and Coordination				\$ -
	GRAND TOTAL				

CERTIFICATION

I/we _____ hereby certify that as of the date set forth below, the amounts included on this Expenditure and Balance Report are complete and accurate.

Contractor's Signature Date

HSD Approval Date

Refugee Health Screening Expenditure Balance Report

Line Item	Line Item Description	FY 22 BUDGET	Current Expenditure	Expenditures YTD	Budget Balance
Refugee Health Program Manager 1.0 FTE	11% Medical Screening Admin; 89% Admin Planning and Coord.				\$ -
Refugee Health Nurse 1.5 FTE	100% Medical Screening Program				\$ -
Epidemiologist .5 FTE	100% Admin Planning and Coord.				\$ -
Personnel Salary & Benefits	c) Subtotal	\$ -	\$ -	\$ -	\$ -
Medical Interpretation Subcontract	100% Medical Screening Program				\$ -
Mental Health Screening and Assessment Subcontracts	11% Medical Screening ; 89% Medical Screening Admin				\$ -
Subcontracts	e) Subtotal	\$ -	\$ -	\$ -	\$ -
	GRAND TOTAL	\$ -	\$ -	\$ -	\$ -

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Contractor's Signature

Date

HSD Approval

Date