## **STATE OF MAINE**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MONTHLY GENERAL ASSISTANCE REIMBURSEMENT REPORT
PLEASE SEE INSTRUCTIONS ON THE RACK

	County		Reporting	Perioa _	
During this repor	rting period we paid for  *The total number of cases and person				number of persons.
	The total number of cases and person	s in the nousehold shou	ia de countea <u>one</u> tim	e.	
	tistical information should reflect the number		for whom assistance	was actually	paid for during the
reporti	ing period, not what you have authorized dur	ing the reporting period.			
	Breakdown:	Cases	People		Amount
	Housing				
	Emergency Housing(Shelter,etc.)				
	Heating(all types)				
	Electric Service(non heating)				
	Propane gas(non heating)				
	Food				
	Prescriptions				
	Medical Services				
	Dental				
	Burials/Cremations				
	Diapers/BabySupplies				
	Household/Personal				
	All Other Needs				
	TOTAL GA EXP	ENDED THIS PERIOD			
	**Minus Total Amount Reimbursed	by clients/Other Mur	icipalities(100%)		
lease enter the total a om the State of Maine	mount you received from clients or other municipalit	ties for which the Departmen	nt has already reimbursed	you. <u><b>Do not</b></u> in	clude SSI reimbursements
THIS BOX	K FOR DHS USE ONLY	Total GA cl	aimed this reportin	ng period:	\$
		Reimburse	ment requested at	50%:	\$
		Reimburse	ment requested at	90%:	\$
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Ş	\$	Total year t	ment requested at o date GA expendent State fiscal year throu	ed:	\$
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RETAIN COPY NUMBER 4 (GREEN) FOR MUNICIPAL FILE, FORWARD COPIES 1,2,3, WITHOUT DETACHING TO:

**Department of Health and Human Services** 

**General Assistance** 

11 State House Station, 268 Whitten Road