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JAN 26 2009

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Judy Rust  
DELAWARE CO. AUDITOR

FEDERAL IDENTIFICATION NUMBER  
35-11202-39

TOWNSHIP FORM 15 (REVISED 2008)  
PRESCRIBED BY  
THE STATE BOARD OF ACCOUNTS

STATE OF INDIANA  
STATE BOARD OF ACCOUNTS  
302 WEST WASHINGTON STREET, ROOM E418  
INDIANAPOLIS, INDIANA 46204-2765  
TELEPHONE: (317) 232-2513

TOWNSHIP: HARRISON  
COUNTY: DELAWARE

ID: \_\_\_\_\_  
(State Board of Accounts USE ONLY)

TOWNSHIP TRUSTEES ANNUAL REPORT TO:  
  
THE TOWNSHIP BOARD  
  
THE COUNTY AUDITOR  
  
THE STATE BOARD OF ACCOUNTS  
  
THE U.S. BUREAU OF CENSUS  
  
HARRISON  
COUNTY: DELAWARE  
  
FOR THE YEAR ENDED DECEMBER 31, 2008  
  
FILED IN THE COUNTY AUDITOR'S OFFICE

- CONTENTS:
- PART 1 - STATEMENT OF RECEIPTS, DISBURSEMENTS, CASH BALANCES AND INVESTMENT BALANCES (ADVERTISE)
  - PART 2 - RECEIPTS (ADVERTISE)
  - PART 3A - DISBURSEMENTS
  - PART 3B - DISBURSEMENTS (ADVERTISE)
  - PART 4 - CASH AND INVESTMENTS
  - PART 5 - INDEBTEDNESS (ADVERTISE)
  - PART 6 - INTERGOVERNMENTAL EXPENDITURES
  - PART 7 - STATEMENT OF FEDERAL GRANT RECEIPTS
  - PART 8 - STATEMENT OF STATE GRANT RECEIPTS
  - PART 9 - CERTIFICATE (ADVERTISE)
  - PART 10 - ADVERTISEMENT AND NOTE TO PUBLISHERS
  - PART 11 - TOWNSHIP ASSISTANCE STATISTICAL REPORT
  - PART 12 - REPORT OF FINANCIAL ASSISTANCE TO NONGOVERNMENTAL ENTITIES

TRUSTEE'S NAME: PATRICIA GLASS

TRUSTEE'S ADDRESS: 9401 N. CR 675 W.  
(street)  
GASTON, IN. 47342  
(city/town) (state) (zip)

TELEPHONE (BETWEEN THE HOURS OF 8:00 AM AND 5:00 PM): [REDACTED] 765-358-4366

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Township HARRISON  
COUNTY DELAWARE

2008

PART I STATEMENTS OF RECEIPTS-DISBURSEMENTS-CASH BALANCES

FUNDS	CODE	CASH BALANCE 1-1-08	RECEIPTS	DISBURSE- MENTS	CASH BALANCE 1-31-08	NO INVS	TOTAL CASH 1-31-08	CODE
TOWNSHIP	0101	86072.27	26197.32	18573.06	93696.53		93696.53	0101
TOWNSHIP ASSIST.	0840	35288.90	164.47	4896.81	30556.56		30556.56	0840
FIRE FIGHTING	1111	23833.85	8622.17	22440.00	10016.02		10016.02	1111
CUMULATIVE FIRE	1190	162269.97	14886.37	0	177156.34		177156.34	1190
LEVY EXCESS	0108	1198.00	0	0	1198.00		1198.00	0108
RAINY DAY	0061	1614.00	235.35	0	1849.35		1849.35	0061
FICA / W/H		501.36	1409.52	1409.63	501.25		501.25	
SUBTOTALS <sup>ALL</sup> FUNDS		310778.35	51515.20	47319.50	314974.05		314974.05	combined total of both accounts
NET R+D's	9999	X	51515.20	47319.50	X			

2008  
PART 2 - RECEIPTS

TOWNSHIP HARRISON  
COUNTY DELAWARE

	CODE	TOWNSHIP FUND	FIRE FUND	CUM. FIRE FUND	LEVY EXCESS	TOWNSHIP ASSISTANCE	RAINY DAY	
GENERAL PROP. TAX	0100	12022.60	7427.98	12788.37				
<sup>F.I.T.</sup> FINANCIAL INST. TAX	0201	140.50						
UTO EXCISE TAX C.O.I.T.	0302	1101.12	683.22	1200.61				
COUNTY OPTION INC. TAX C.V.E.T.	0212	10657.00						
COMMERCIAL VEC. TAX <sup>EXCISE</sup>	0217	122.00	15.43	26.57				
BANK INTEREST	6100	1355.45				164.47		
IF MISTAKE '07	6500	798.65	495.54	870.82				
<sup>RECEIPTS</sup> MISCELLANEOUS	6500						235.35	
FICA. & W/A	6500	See next page						
TOTALS		26197.32	8622.17	14886.37		164.47	235.35	

Township HARRISON  
COUNTY DELAWARE

2008

PART 2 - RECEIPTS - CONTD

W/H FROM PAYROLL	CODE	W/H FUND					
W/H FROM PAYROLL	6500	1409.52					
TOTALS		1409.52					

TOWNSHIP:

HARRISON

COUNTY:

DELAWARE

ID: \_\_\_\_\_  
(State Board of Accounts  
USE ONLY)

PART 3A - PAGE 1: DISBURSEMENTS BY FUNCTION FOR TOWNSHIP, FEDERAL REVENUE SHARING AND POOR RELIEF FUNDS (REPORT IN DOLLARS AND CENTS ONLY)

TOWNSHIP FUND	Code	Township General Government	Township Public Safety	Township Culture/ Recreation	Township Misc.	Code	TOTAL TOWNSHIP FUND	Code
		0101-410	0101-420	0101-450	0101-490			
<b>TOWNSHIP GENERAL GOVERNMENT</b>								
1. Personal Services	1000					1000	N/A	
2. Supplies	2000					2000	12541.06	
3. Other Services and Charges	3000					3000	460.47	
4. Capital Outlay	4000					4000	5571.53	
5. Purchase of Investments	7000					7000		
6. Transfers of Funds	6000					6000		
7. Total Expenditures	9999					9999	18573.06	
<b>FEDERAL REVENUE SHARING FUND</b>								
	Code	Federal Revenue Sharing General Government	Federal Revenue Sharing Public Safety	Federal Revenue Sharing Culture/ Recreation	Federal Revenue Sharing Township Assistance	Code	TOTAL FEDERAL REVENUE SHARING FUND	Code
1. Personal Services	1000	4501-410	4501-420	4501-450	4501-442	4501-490	N/A	
2. Supplies	2000					2000		1000
3. Other Services and Charges	3000					3000		2000
4. Capital Outlay	4000					4000		3000
5. Purchase of Investments	7000					7000		4000
6. Transfers of Funds	6000					6000		7000
7. Total Expenditures	9999					9999		6000
<b>TOWNSHIP ASSISTANCE FUND*</b>								
	Code	Township Assistance Admin.	Township Assistance Direct Assistance	Township Assistance Other Assistance	Township Assistance Misc. Inv.	Code	TOTAL Township Assistance FUND	Code
1. Personal Services	1000	0840-441	0840-442	0840-443	0840-490	1000	N/A	
2. Supplies	2000					2000		1000
3. Other Services and Charges	3000					3000		2000
4. Capital Outlay	4000					4000		3000
5. Purchase of Investments	7000					7000		4000
6. Transfers of Funds	6000					6000		7000
7. Medical, Hospital, Burial	8000					8000		6000
8. Other Direct Relief	5000					5000		8000
9. Total Expenditures	9999					9999	18916.81	5000

See TA-7 attached hereto for additional information pertaining to township assistance provided by the township.

(over)

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DISBURSEMENTS  
FUND-GEN.

DELAWARE COUNTY DELAWARE  
AMT.

FUND-FIRE

AMT.

1	PATRICIA GLASS - TRUSTEE SALARY	6499.92	2008 FIRE CONTRACT GASTON VIL. FIRE DEPT.	22440.00
2	PATRICIA GLASS - OFFICE RENT	3000.00	FUND-Township Assist.	
3	JIM C. GLASS - CLERK SALARY	3499.92	LAND DRAS COUNTRY VIEW FARMS	670.00
4	CHARLES A. PAUL SR. Twp. BOARD	550.00	ROD EDGEMAN	860.00
5	CARL R. LONG Twp. BOARD	550.00	VICKIE CHRISTIE	386.00
6	BRENDA K. RAGLAND Twp. BOARD	550.00	ASSET MANAGEMENT FOR-ROGER CARVER	250.00
7	UNITED INS. AGENCIES TRUSTEE BOND	100.00	UTILITIES IND. MICH. POWER Co.	2287.11
8	ATT-T - Twp. PHONE SER. STAMPS	774.36	VECTREN	143.70
9	GASTON POSTMASTER	82.80	AG BEST	300.00
10	STAPLES - OFFICE SUPPLIES	110.27	FUND TOTAL	4896.81
11	DELAWARE Co. SOCIETY HISTORICAL	20.00	w/ # FUND	
12	DELAWARE Co. TRUSTEE DOES	15.00	F.I.C.A UNITED STATES TREASURY	891.23
13	IND. Twp. ASSOC. - DUES	200.00	STATE & LOCAL IND. DEPT. OF REVENUE	518.40
14	BOYCE FORMS/SYSTEMS CHECKS	267.40	FUND TOTAL	1409.63
15	STEPHEN E. TOWEL CEMETERY CARE	1260.00		
16	MUNCIE LEGAL STAR-PRESS-ADVERTISING	202.17		
17	F.I.C.A. - Twp. SHARE	891.22		
	FUND TOTAL	18573.06		

PAGE TOTAL = 47319.50



ANNUAL FINANCIAL REPORT - INDIANA TOWNSHIPS  
TOWNSHIP FORM 15 (REVISED 2008)

TOWNSHIP: HARRISON  
COUNTY: DELAWARE

ID: \_\_\_\_\_  
(State Board of  
Accounts USE ONLY)

**PART 5 - INDEBTEDNESS AS OF DECEMBER 31, 2008**

	Outstanding, 1/1/2008 (Beginning Year)	Issued During Year 2008	Retired During Year 2008	Outstanding 12/31/2008 (Ending Year)	Interest Paid During 2008 (Full Year)	Principal and Interest Due In 2009
Township Assistance Bonds						
General Obligation Bonds						
Fire Equipment Loans						
Other Debt - Authorized Debt						

**PART 6 - INTERGOVERNMENTAL EXPENDITURES**

OF THE EXPENDITURES REPORTED IN PART 3, HOW MUCH WAS PAID TO OTHER GOVERNMENTAL UNITS FOR:

Purpose	Amount
1. E.M.S. Services	
2. Fire Protection	<b>22,440. paid to GASTON VOLUNTEER FIRE DEPT.</b>
3. Parks and Recreation	
4. All Other	
Total (All lines 1 through 4)	



ANNUAL FINANCIAL REPORT - INDIANA TOWNSHIPS  
TOWNSHIP FORM 15 (REVISED 2008)

TOWNSHIP: HARRISON  
COUNTY: DELAWARE

ID: \_\_\_\_\_  
(State Board of  
Accounts USE ONLY)

PART 7 - STATEMENT OF FEDERAL GRANT RECEIPTS, DISBURSEMENTS AND BALANCES (REPORT IN DOLLARS AND CENTS ONLY)

CFDA NUMBER	FEDERAL TITLE	FEDERAL OR STATE AGENCY	AWARD AMOUNT	FUND TITLE	CASH BALANCE AS OF 1/1/08	RECEIPTS	DISBURSEMENTS	CASH BALANCE AS OF 12/31/08
			\$1,000.00	Park and Recreation	50.00	\$1,000.00	\$900.00	\$100.00
<h1 style="font-size: 100px; margin: 0;">NONE</h1>								

NOTE: DO NOT TOTAL GRANTS. IF ADDITIONAL GRANTS, COPY THIS PAGE. USE THIS PAGE TO DETAIL ALL FEDERAL FINANCIAL ASSISTANCE, INCLUDING ASSISTANCE DISBURSED THROUGH STATE AGENCIES. IF GRANT IS PART FEDERAL AND PART STATE, DETAIL THE FEDERAL PORTION HERE, AND THE STATE PORTION ON PART 8, PAGE 1.



NOTE: Prepare five copies of this report to be presented to the Township Board for approval on or before the third Tuesday after the first Monday in January. After approval, one copy is to be retained by the Chairman of the Township Board. One copy is to be kept on file by the Township Trustee. Within ten (10) days, one copy, together with all vouchers, shall be filed with the County Auditor (IC 36-6-4-12(d)). In addition, one copy, along with advertising instructions, is to be submitted to each newspaper for which this report is to be published, within four (4) weeks after the third Tuesday following the first Monday in January (IC 5-3-1 and IC 36-6-4-13(b)). The advertisement must state that a complete and detailed annual report, and the accompanying vouchers showing the names of persons paid money by the township, have been filed with the County Auditor. Also, that the Chairman of the Township Board has a copy of the report that is available for inspection by any taxpayer of the township. Please complete and return the CD to the State Board of Accounts, 302 West Washington Street E418, Indianapolis, IN 46204-2765, or e-mail the completed Annual Report to [lbaker@sboa.in.gov](mailto:lbaker@sboa.in.gov) by January 30, 2009. (IC 5-11-1-4).

State of Indiana

SS:

DELAWARE County

I, TRACIA GLASS Trustee of HARRISON Township, DELAWARE County, Indiana, do solemnly affirm under the penalty of perjury that the preceding report is complete, true and correct; that the sum with which I am charged in this report are all of the sums received by me; and that the various items of expenditures credited have been fully paid in the sums stated; that such payments were made without express or implied agreement that any portion thereof shall be retained by or repaid to me or to any other person. I further affirm that a complete and detailed annual report, together with all accompanying vouchers showing the names of persons having been paid money by the township, have been filed as required by law in the office of the County Auditor, and that copies of such annual report are in custody of the Township Board and the State Board of Accounts. Said report is subject to inspection by any taxpayer of the township.

Tracia Glass (sign)

HARRISON Township Trustee

Telephone: (765) 358-4366

Date this report was to be published: \_\_\_\_\_

Subscribed and sworn (or affirmed) to before me, the Chairman of the Township Board of HARRISON Township at its annual meeting, this \_\_\_\_\_ day of January, 2009.

Charles A. Pauls 22nd (sign)

HARRISON Township Board Chairman

OPTION 1

This report was received, accepted, and approved by the Township Board at its annual meeting, this \_\_\_\_\_ day of January, 2009.

HARRISON Township Board:

22nd.

Charles A. Pauls (sign)

Brenda K. Lagard (sign)

\_\_\_\_\_ (sign)

OPTION 2

This report was received, accepted, and approved except for Part(s) \_\_\_\_\_ by the following Township Board Member(s) at its annual meeting, this \_\_\_\_\_ day of January, 2009.

\_\_\_\_\_ (sign)

\_\_\_\_\_ (sign)

\_\_\_\_\_ (sign)

Note: Option 1 to be used where the Township Board approves the annual report. Option 2 to be used where a member or all members of the Township Board disapproves part or all of the annual report. (DO NOT ADVERTISE)

(12)

ANNUAL FINANCIAL REPORT --

ID: \_\_\_\_\_  
(State Board of Accounts USE ONLY)

INDIANA TOWNSHIPS

TOWNSHIP: \_\_\_\_\_

TOWNSHIP FORM 15 (REVISED 2008)

COUNTY: \_\_\_\_\_

**HARRISON  
DELAWARE**

**PART 10 - NOTE TO PUBLISHERS**

**NOTE TO PUBLISHERS:**

Township Form 15 of report is prescribed by the State Board of Accounts in compliance with IC 36-6-4-13.

All legal advertisements shall be set in solid type not larger than the type used in the regular reading matter of the newspaper, without any leads or other devices for increasing space. All such advertisements shall be headed by no more than two (2) lines, neither of which shall total more than four (4) solid lines of the type in which the body of the advertisement is set.

**NOTE TO TOWNSHIP TRUSTEE:**

IC 36-6-4-13 requires Township Form 15 to be prepared for publication within four weeks after the third Tuesday following the first Monday in January. February 16, 2009 is the last date for publication. Publication is to be made ONE TIME ONLY in two (2) newspapers published in the township. If only one (1) newspaper is published in the township, then the notice shall be published in that newspaper and if another newspaper is published in the county and circulates within the township, in the other newspaper. If no newspaper is published in the township, then publication shall be made in a newspaper published in the county and that circulates within the township.

In all instances where tax, retirement or any other withholding is made from salaries, list the GROSS amount of payment. This will eliminate the necessity of listing in this report the payments made to the Internal Revenue Service, and all other payments resulting from amounts withheld from salaries. However, the employer amounts of any retirement or tax obligations must be shown. Additionally, any payments to federal or state withholding authorities because of penalty and interest assessments must be shown separately.

The intent of PART 3A of the annual report is to show the classifications of expenses as posted in the FINANCIAL AND APPROPRIATION RECORD. In PART 3B, list the names of persons receiving payment and the amount (GROSS) paid. See the examples shown below:

**PART 3B - DISBURSEMENTS**

**TOWNSHIP FUND:**

To Whom Paid:	Gross Amount
John Doe	██████████
ABC Supply	██████████
Public Ser. Inc.	██████████
<b>TOTAL TOWNSHIP FUND</b>	██████████

\* This total shall agree with the total disbursements per Fund shown in PART 1 and PART 3A.

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TOWNSHIP: HARRISON  
 COUNTY: DELAWARE

ID: \_\_\_\_\_  
 (State Board of  
 Accounts USE ONLY)

PART 12 - FINANCIAL ASSISTANCE TO NONGOVERNMENTAL ENTITIES (REPORT IN DOLLARS AND CENTS ONLY)

FEDERAL NUMBER ID	NAME	ADDRESS	COUNTY OF OPERATION	NAME OF OPERATING OFFICER	PHONE NUMBER OF OPERATING OFFICER	DESCRIPTION OF FUNDING	AMOUNT
31-103 9965	GASTON VOLUNTEER FIRE DEPT	105 N. 54 CAMORE GASTON, 42342	DELAWARE	FIRE CHIEF MIKE DELANEY	(765) 358-4841	FIRE CONTRACT	22440.00

\* NOTE: DO NOT TOTAL AMOUNTS. IF ADDITIONAL ENTITIES, COPY THIS PAGE.

HARRISON TOWNSHIP, HARRISON COUNTY  
TOWNSHIP ASSISTANCE STATISTICAL REPORT (IC 12-20-28-3)  
FOR THE PERIOD ENDING DECEMBER 31, 2008  
(Continued)

- 11. (A) TOTAL NUMBER PROVIDED HEALTH CARE - RECIPIENTS \_\_\_\_\_
- 11. (A) (i) TOTAL NUMBER PROVIDED HEALTH CARE - HOUSEHOLDS \_\_\_\_\_
- 11. (B) NUMBER OF RECIPIENTS ASSISTED BY TOWNSHIP STAFF IN RECEIVING HEALTH CARE ASSISTANCE FROM SOURCES OTHER THAN TOWNSHIP FUNDS \_\_\_\_\_
- 12. (i) TOTAL VALUE OF HEALTH CARE PROVIDED - TOWNSHIP \$ \_\_\_\_\_
- 12. (ii) TOTAL VALUE OF HEALTH CARE PROVIDED - NONTOWNSHIP SOURCES \$ \_\_\_\_\_
- 12. (iii) TOTAL VALUE OF ALL OF HEALTH CARE PROVIDED \$ ~~\_\_\_\_\_~~

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- 13. TOTAL NUMBER OF FUNERALS, BURIALS, AND CREMATIONS \_\_\_\_\_
- 14. (A) TOTAL ACTUAL VALUE OF FUNERALS, BURIALS, AND CREMATIONS \$ \_\_\_\_\_
- 14. (B) (i) TOTAL PAID BY TOWNSHIP FUNDS FOR FUNERALS, BURIALS, AND CREMATIONS \$ \_\_\_\_\_
- 14. (B) (ii) DIFFERENCE BETWEEN ACTUAL VALUE AND AMOUNT PAID BY TOWNSHIP FUNDS FOR FUNERALS, BURIALS, AND CREMATIONS \$ ~~\_\_\_\_\_~~

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- 15. (A) TOTAL NUMBER OF NIGHTS OF EMERGENCY SHELTER PROVIDED TO THE HOMELESS \_\_\_\_\_
- 15. (B) TOTAL NUMBER OF NIGHTS OF EMERGENCY SHELTER PROVIDED TO THE HOMELESS THROUGH EFFORTS OF TOWNSHIP STAFF FROM SOURCES OTHER THAN TOWNSHIP FUNDS \_\_\_\_\_
- 15. (C) (i) TOTAL VALUE OF EMERGENCY SHELTER FOR HOMELESS INDIVIDUALS - TOWNSHIP \$ \_\_\_\_\_
- 15. (C) (ii) TOTAL VALUE OF EMERGENCY SHELTER FOR HOMELESS INDIVIDUALS - NONTOWNSHIP SOURCES \$ \_\_\_\_\_
- 15. (C) (iii) TOTAL VALUE OF ALL EMERGENCY SHELTER PROVIDED FOR HOMELESS INDIVIDUALS \$ ~~\_\_\_\_\_~~

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- 16. (A) TOTAL NUMBER OF REFERRALS OF TOWNSHIP ASSISTANCE APPLICANTS TO OTHER PROGRAMS \_\_\_\_\_
- 16. (B) TOTAL VALUE OF TOWNSHIP SERVICES IN MAKING REFERRALS TO OTHER PROGRAMS \$ ~~\_\_\_\_\_~~

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- 17. TOTAL NUMBER OF TRAINING PROGRAMS OR JOB PLACEMENTS FOUND FOR TOWNSHIP ASSISTANCE RECIPIENTS WITH ASSISTANCE OF TOWNSHIP TRUSTEE ~~\_\_\_\_\_~~

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- 18. NUMBER OF HOURS SPENT BY TOWNSHIP ASSISTANCE RECIPIENTS AT WORKFARE \_\_\_\_\_
- 19. (i) TOTAL VALUE OF SERVICES PROVIDED BY WORKFARE TO THE TOWNSHIP \$ ~~\_\_\_\_\_~~
- 19. (ii) TOTAL VALUE OF SERVICES PROVIDED BY WORKFARE TO OTHER AGENCIES \$ ~~\_\_\_\_\_~~
- 19. (iii) TOTAL VALUE OF ALL SERVICES PROVIDED BY WORKFARE \$ ~~\_\_\_\_\_~~

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- 20. (A) TOTAL AMOUNT OF REIMBURSEMENT FOR ASSISTANCE RECEIVED FROM RECIPIENTS \$ \_\_\_\_\_
- 20. (B) TOTAL AMOUNT OF REIMBURSEMENT FOR ASSISTANCE RECEIVED FROM MEMBERS OF RECIPIENTS' HOUSEHOLDS \$ ~~\_\_\_\_\_~~
- 20. (C) TOTAL AMOUNT OF REIMBURSEMENT FOR ASSISTANCE RECEIVED FROM RECIPIENTS' ESTATES \$ ~~\_\_\_\_\_~~

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- 21. TOTAL AMOUNT OF REIMBURSEMENT FOR ASSISTANCE RECEIVED FROM MEDICAL PROGRAMS UNDER IC 12-20-16-2(e) \$ ~~\_\_\_\_\_~~

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- 22. (A) TOTAL NUMBER OF INDIVIDUALS ASSISTED THROUGH A REPRESENTATIVE PAYEE PROGRAM \_\_\_\_\_
- 22. (B) TOTAL AMOUNT OF FUNDS PROCESSED THROUGH THE REPRESENTATIVE PAYEE PROGRAM THAT ARE NOT TOWNSHIP FUNDS \$ ~~\_\_\_\_\_~~

HARRISON TOWNSHIP, DELAWARE COUNTY  
TOWNSHIP ASSISTANCE STATISTICAL REPORT (IC 12-20-28-3)  
FOR THE PERIOD ENDING DECEMBER 31, 2008  
(Continued)

- 23. (A) TOTAL NUMBER OF INDIVIDUALS ASSISTED THROUGH SPECIAL NONTRADITIONAL PROGRAMS PROVIDED THROUGH THE TOWNSHIP WITHOUT THE EXPENDITURE OF TOWNSHIP FUNDS 0
- 23. (B) TOTAL AMOUNT OF NONTOWNSHIP FUNDS USED TO PROVIDE THE SPECIAL NONTRADITIONAL PROGRAMS \$ 0
- 24. (A) (i) TOTAL NUMBER OF HOURS AN INVESTIGATOR OF TOWNSHIP ASSISTANCE SPENDS ON CASE MANAGEMENT SERVICES - RECIPIENTS 40
- 24. (A) (ii) TOTAL NUMBER OF HOURS AN INVESTIGATOR OF TOWNSHIP ASSISTANCE SPENDS ON CASE MANAGEMENT SERVICES - HOUSEHOLDS 40
- 24. (B) TOTAL VALUE OF CASE MANAGEMENT SERVICES PROVIDED \$ 0
- 25. TOTAL NUMBER OF HOUSING INSPECTIONS PERFORMED BY THE TOWNSHIP TRUSTEE 7

DATE 1-17-09 TRUSTEE'S SIGNATURE Patricia J. Doss

The State Board of Accounts is of the audit position, with the concurrence of the Attorney for the Township Trustees Association, the following procedures should be followed for a consistent compilation and completion of Township Assistance Form TA-7.

When completing the form please keep in mind reconciliation or cross-checking cannot, necessarily, be achieved; i.e., Total Value of Benefits Provided TOWNSHIP ASSISTANCE Recipients (Item 3), will not necessarily be the summation of Total Value of Benefits Provided for Utilities (Item 6 (i)); Total Value of Benefits Provided for Housing Assistance (Item 8 (i)); Total Value of Food Assistance Provided (Item 10 (i)); and, Total Value of Health Care Provided (Item 12 (i)); because IC 12-20-28-3 does not specifically require separate reporting of certain Township Assistance provided by townships; i.e., clothing, household supplies,

HARRISON TOWNSHIP, DELAWARE COUNTY  
TOWNSHIP ASSISTANCE STATISTICAL REPORT (IC 12-20-28-3)  
FOR THE PERIOD ENDING DECEMBER 31, 2008  
(Continued)

11. (A) TOTAL NUMBER PROVIDED HEALTH CARE - RECIPIENTS	_____
11. (A) (i) TOTAL NUMBER PROVIDED HEALTH CARE - HOUSEHOLDS	_____
11. (B) NUMBER OF RECIPIENTS ASSISTED BY TOWNSHIP STAFF IN RECEIVING HEALTH CARE ASSISTANCE FROM SOURCES OTHER THAN TOWNSHIP FUNDS	_____
12. (i) TOTAL VALUE OF HEALTH CARE PROVIDED - TOWNSHIP	\$ _____
12. (ii) TOTAL VALUE OF HEALTH CARE PROVIDED - NONTOWNSHIP SOURCES	\$ _____
12. (iii) TOTAL VALUE OF ALL OF HEALTH CARE PROVIDED	\$ _____
13. TOTAL NUMBER OF FUNERALS, BURIALS, AND CREMATIONS	_____
14. (A) TOTAL ACTUAL VALUE OF FUNERALS, BURIALS, AND CREMATIONS	\$ _____
14. (B) (i) TOTAL PAID BY TOWNSHIP FUNDS FOR FUNERALS, BURIALS, AND CREMATIONS	\$ _____
14. (B) (ii) DIFFERENCE BETWEEN ACTUAL VALUE AND AMOUNT PAID BY TOWNSHIP FUNDS FOR FUNERALS, BURIALS, AND CREMATIONS	\$ _____
15. (A) TOTAL NUMBER OF NIGHTS OF EMERGENCY SHELTER PROVIDED TO THE HOMELESS	_____
15. (B) TOTAL NUMBER OF NIGHTS OF EMERGENCY SHELTER PROVIDED TO THE HOMELESS THROUGH EFFORTS OF TOWNSHIP STAFF FROM SOURCES OTHER THAN TOWNSHIP FUNDS	_____
15. (C) (i) TOTAL VALUE OF EMERGENCY SHELTER FOR HOMELESS INDIVIDUALS - TOWNSHIP	\$ _____
15. (C) (ii) TOTAL VALUE OF EMERGENCY SHELTER FOR HOMELESS INDIVIDUALS - NONTOWNSHIP SOURCES	\$ _____
15. (C) (iii) TOTAL VALUE OF ALL EMERGENCY SHELTER PROVIDED FOR HOMELESS INDIVIDUALS	\$ _____
16. (A) TOTAL NUMBER OF REFERRALS OF TOWNSHIP ASSISTANCE APPLICANTS TO OTHER PROGRAMS	_____
16. (B) TOTAL VALUE OF TOWNSHIP SERVICES IN MAKING REFERRALS TO OTHER PROGRAMS	\$ _____
17. TOTAL NUMBER OF TRAINING PROGRAMS OR JOB PLACEMENTS FOUND FOR TOWNSHIP ASSISTANCE RECIPIENTS WITH ASSISTANCE OF TOWNSHIP TRUSTEE	_____
18. NUMBER OF HOURS SPENT BY TOWNSHIP ASSISTANCE RECIPIENTS AT WORKFARE	_____
19. (i) TOTAL VALUE OF SERVICES PROVIDED BY WORKFARE TO THE TOWNSHIP	\$ _____
19. (ii) TOTAL VALUE OF SERVICES PROVIDED BY WORKFARE TO OTHER AGENCIES	\$ _____
19. (iii) TOTAL VALUE OF ALL SERVICES PROVIDED BY WORKFARE	\$ _____
20. (A) TOTAL AMOUNT OF REIMBURSEMENT FOR ASSISTANCE RECEIVED FROM RECIPIENTS	\$ _____
20. (B) TOTAL AMOUNT OF REIMBURSEMENT FOR ASSISTANCE RECEIVED FROM MEMBERS OF RECIPIENTS' HOUSEHOLDS	\$ _____
20. (C) TOTAL AMOUNT OF REIMBURSEMENT FOR ASSISTANCE RECEIVED FROM RECIPIENTS' ESTATES	\$ _____
21. TOTAL AMOUNT OF REIMBURSEMENT FOR ASSISTANCE RECEIVED FROM MEDICAL PROGRAMS UNDER IC 12-20-16-2(e)	\$ _____
22. (A) TOTAL NUMBER OF INDIVIDUALS ASSISTED THROUGH A REPRESENTATIVE PAYEE PROGRAM	_____
22. (B) TOTAL AMOUNT OF FUNDS PROCESSED THROUGH THE REPRESENTATIVE PAYEE PROGRAM THAT ARE NOT TOWNSHIP FUNDS	\$ _____



HARRISON TOWNSHIP, DELAWARE COUNTY  
TOWNSHIP ASSISTANCE STATISTICAL REPORT (IC 12-20-28-3)  
FOR THE PERIOD ENDING DECEMBER 31, 2008  
(Continued)

- 23. (A) TOTAL NUMBER OF INDIVIDUALS ASSISTED THROUGH SPECIAL NONTRADITIONAL PROGRAMS PROVIDED THROUGH THE TOWNSHIP WITHOUT THE EXPENDITURE OF TOWNSHIP FUNDS 0
- 23. (B) TOTAL AMOUNT OF NONTOWNSHIP FUNDS USED TO PROVIDE THE SPECIAL NONTRADITIONAL PROGRAMS \$ 0

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- 24. (A) (i) TOTAL NUMBER OF HOURS AN INVESTIGATOR OF TOWNSHIP ASSISTANCE SPENDS ON CASE MANAGEMENT SERVICES - RECIPIENTS 40
- 24. (A) (ii) TOTAL NUMBER OF HOURS AN INVESTIGATOR OF TOWNSHIP ASSISTANCE SPENDS ON CASE MANAGEMENT SERVICES - HOUSEHOLDS 40
- 24. (B) TOTAL VALUE OF CASE MANAGEMENT SERVICES PROVIDED \$ 0

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- 25. TOTAL NUMBER OF HOUSING INSPECTIONS PERFORMED BY THE TOWNSHIP TRUSTEE 7

DATE 1-17-09 TRUSTEE'S SIGNATURE Patricia J. Doss

The State Board of Accounts is of the audit position, with the concurrence of the Attorney for the Township Trustees Association, the following procedures should be followed for a consistent compilation and completion of Township Assistance Form TA-7.

When completing the form please keep in mind reconciliation or cross-checking cannot, necessarily, be achieved; i.e., Total Value of Benefits Provided TOWNSHIP ASSISTANCE Recipients (Item 3), will not necessarily be the summation of Total Value of Benefits Provided for Utilities (Item 6 (i)); Total Value of Benefits Provided for Housing Assistance (Item 8 (i)); Total Value of Food Assistance Provided (Item 10 (i)); and, Total Value of Health Care Provided (Item 12 (i)); because IC 12-20-28-3 does not specifically require separate reporting of certain Township Assistance provided by townships; i.e., clothing, household supplies.