

Rusk County HEALTH & HUMAN SERVICES

AGENDA

DATE: September 11, 2025

TIME: 9:00 AM

PLACE: Rusk County Government Center-County Board Room, Ladysmith, WI 54848

Note: Items listed on the Agenda are for discussion and possible action by the Health & Human Services Board;

MEETING WILL BE ACCESSIBLE BY VIDEO CONFERENCE
To link with your computer video and/or audio: [Join the meeting now](#)

CALL TO ORDER

PUBLIC COMMENT-Limited to five minutes per person on agenda items only

APPROVAL OF MINUTES

- August 14, 2025

HEALTH & HUMAN SERVICES FINANCE

- Approval of Health & Human Services Vouchers and Out-of-County Travel Requests
- 2025 Contract Approval updates
- Budget Report forms

HEALTH & HUMAN SERVICES

- Vacant Position Review
- Children's Long-Term Support (CLTS) and Children's Community Options Program (CCOP) presentation

PUBLIC HEALTH

- General Updates
- Water Lab Audit and policy review/ potential policy change

DIRECTOR'S REPORT

- Program Reports
 - Adult Services- placement updates
 - Child Support- Child Support Audit results
 - ADRC/Senior Services- Home- delivered meal and assessment process

ADJOURN

This agenda was prepared by Ashley Nelson at the direction of Chair Schneider. Posted September 4 2025.

At any time, a quorum of another County Committee or of the County Board may be present at the meeting to observe the proceedings, but no action will be taken except by those Committee Members for the stated Committee meeting and only on noticed agenda items.

Please note that, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact the Rusk County Clerk, at 311 Miner Ave. E. Ladysmith, WI Phone: (715) 532-2100. For deaf and/or hard hearing, please call us through Wisconsin Relay 711.

UNAPPROVED
RUSK COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
BOARD MEETING MINUTES

August 14, 2025

Meeting called to order by Chair Schneider at 9:01 AM.

Board Members Present: Phil Schneider, Tom Hanson, Mark Schmitt, Mary Schneider, Dr. John Ziemer, Lois Goode, Lisa Wicik. Excused: John Moore

Staff Present: Ashley Nelson, Carla Closs

Appearances by: Chris Soltis, Rich Green, Heather Anders, Tami Stoker, Lora Wimer

Public Comment:

None

Approval of Previous Meeting Minutes:

Motion by Goode, second by Schmitt, to approve the July 10, 2025; meeting minutes. Motion unanimously carried.

Approval of Health & Human Services Vouchers and Out of County Travel Requests:

Nelson reported on various purchases, invoices, and Out of County Travel. Motion by Schmitt, second by Hanson, to approve Vouchers and Out of County Travel. Motion unanimously carried.

Approval of Monthly Budget Report:

Motion by Schmitt, second by Hanson, to approve the Monthly Budget Reports for August, 2025. Motion unanimously carried.

Health & Human Services:

Discussion held.

Motion by Goode, second by M. Schneider, to approve raising the 2026 proposed Adult Services budget line HHA SA Winnebago MHI, by \$150,00.00 for a total request for this budget line in the 2026 proposed budget in the amount of \$550,000.00. Motion unanimously carried.

Motion by Hanson, second by M. Schneider, to forward the proposed 2026 Budget to the Finance Committee; this is to include the \$150,000.00 addition to the HHA SA Winnebago MHI budget line for a total request of \$550,000.00 in the HHS SA Winnebago MHI budget line. Motion unanimously carried.

Public Health:

Discussion held.

Program Reports:

Program Reports provided by Rich Green, Heather Anders, Chis Soltis and Tami Stoker

Meeting adjourned by consensus of the committee at 11:50 AM.

Next meeting: September 11, 2025.

As prepared by: Carla Closs, completed on 8/14/2025 at 12:37 PM

Report Criteria:

Detail report.
Invoices with totals above \$0 included.
Paid and unpaid invoices included.
Invoice Detail, GL account = "250"- "251"
[Report]. Description = {<-> "1099 adjustment"
Invoice Detail, Created date = 07/31/2025-08/27/2025

Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	GL Account and Title
ACCESS, INC	07172025	SPRING PREVENTION PROGRAM SPRING 2025	07/17/2025	1,194.00	250-54-53570-000 HHS-SERV-SATBG PRIMARY
ACCESS, INC	07312025	AODA EDUCATION GROUP-JAIL ED-MEN	07/31/2025	595.34	250-54-54561-334 HHS-AODA TREATMENT
ACCESS, INC	07312025	INDIGENT MEDS	07/31/2025	519.12	250-54-53682-000 HHS-SERV-MHEALTH COMM
ACCESS, INC	07312025	PSYCHIATRIC TIME	07/31/2025	3,785.25	250-54-53682-000 HHS-SERV-MHEALTH COMM
ACCESS, INC	07312025	AODA EDUCATION GROUP-JAIL ED- WOMEN	07/31/2025	893.01	250-54-54561-334 HHS-AODA TREATMENT
ACCESS, INC	07312025	CSP SERVICES	07/31/2025	16,875.00	250-54-53516-000 HHS-ADULT SERV-COMM M
ACCESS, INC	6302025	INDIGENT MEDS	06/30/2025	454.23	250-54-53682-000 HHS-SERV-MHEALTH COMM
ACCESS, INC	6302025	CSP SERVICES	06/30/2025	14,725.00	250-54-53516-000 HHS-ADULT SERV-COMM M
ACCESS, INC	6302025	AODA EDUCATION GROUP-JAIL ED- WOMEN	06/30/2025	595.34	250-54-54561-334 HHS-AODA TREATMENT
ACCESS, INC	6302025	PSYCHIATRIC TIME	06/30/2025	3,785.25	250-54-53682-000 HHS-SERV-MHEALTH COMM
ACCESS, INC	6302025	AODA EDUCATION GROUP-JAIL ED-MEN	06/30/2025	595.34	250-54-54561-334 HHS-AODA TREATMENT
ACTION CITY	001-250604-99	TAX TO BE REFUNDED	06/04/2025	9.90	250-13104 HHS-ACCOUNTS RECEIVABLE
ACTION CITY	001-250604-99	CCOP- CLIENT BENEFIT - FUN PASS	06/04/2025	179.91	250-03-53377-000 HHS-CHILDRENS COP
ACTION CITY	001-250619-99	CCOP - CLIENT BENEFIT- (5) WATER PARK PASSES	06/19/2025	105.45	250-03-53377-000 HHS-CHILDRENS COP
ACTION CITY	490961964468	CCOP- CLIENT BENEFIT-(6) PLATINUM EXPLORER PASS	06/13/2025	2,069.34	250-03-53377-000 HHS-CHILDRENS COP
ADVANCED MENTAL HEALTH SOLUTI	45	CSP TRANSPORTATION	05/31/2025	270.12	250-54-53516-000 HHS-ADULT SERV-COMM M
ADVANCED MENTAL HEALTH SOLUTI	45	CSP CONSULTATION	05/31/2025	1,890.84	250-54-53516-000 HHS-ADULT SERV-COMM M
ADVANCED MENTAL HEALTH SOLUTI	47	CSP CONSULTATION	07/31/2025	1,328.09	250-54-53516-000 HHS-ADULT SERV-COMM M
ADVANCED MENTAL HEALTH SOLUTI	47	CSP TRANSPORTATION	07/31/2025	270.12	250-54-53516-000 HHS-ADULT SERV-COMM M
AMAZON.COM	112-5060933-6	FAS SUPPLIES	04/10/2025	28.40	250-01-54101-319 HHS-PH-OFFICE SUPPLIES
AMAZON.COM	114-0162846-2	MCH-PRINTABLE POST CARDS	06/05/2025	49.44	250-83-54118-319 HHS-MCH-OFFICE SUPPLIES
AMAZON.COM	114-0319036-1	WHITE OUT, ENVELOPES, SANITIZING WIPES	07/01/2025	39.61	250-44-50021-000 HHS-OVERHEAD CLEARING
AMAZON.COM	114-0514677-2	MULTI-PURPOSE SHARPS CONTAINER	07/23/2025	94.29	250-01-54101-347 HHS-PH-MEDICAL SUPPLIES
AMAZON.COM	114-0638635-3	ADULT INCONTINENCE UNDERWEAR	04/11/2025	47.58	250-99-54611-216 HHS-SS FAM CARE-CONTRA
AMAZON.COM	114-1108378-3	CLIENT BENEFIT - ADAPTIVE CLOTHING	06/16/2025	60.95	250-03-53385-000 HHS-CHILDRENS WAIVER/F
AMAZON.COM	114-1536205-5	CLIENT BENEFIT - LEARNING ACTIVITIES	06/30/2025	75.47	250-03-53385-000 HHS-CHILDRENS WAIVER/F
AMAZON.COM	114-1946273-4	PREVENTION GRANT 159220- TODDLER SNACK CUPS, NAME T	07/11/2025	121.79	250-01-54101-349 HHS-PH-OTHER SUPPLIES
AMAZON.COM	114-2129766-6	CLIENT BENEFIT - THERAPUTIC SUPPLIES	06/16/2025	923.30	250-03-53385-000 HHS-CHILDRENS WAIVER/F
AMAZON.COM	114-2307299-1	CLIENT BENEFIT - LEARNING SUPPLIES	06/30/2025	259.63	250-03-53385-000 HHS-CHILDRENS WAIVER/F
AMAZON.COM	114-2798249-8	CLIENT BENEFIT- THERAPUTIC SUPPLIES	06/10/2025	56.74	250-03-53385-000 HHS-CHILDRENS WAIVER/F
AMAZON.COM	114-3054436-3	CLIENT BENEFIT - AIR CONDITIONER	06/18/2025	225.99	250-03-53385-000 HHS-CHILDRENS WAIVER/F
AMAZON.COM	114-3061101-7	CLIENT BENEFIT - SENSORY ITEMS	06/30/2025	25.98	250-03-53385-000 HHS-CHILDRENS WAIVER/F
AMAZON.COM	114-3512059-9	CLINET BENEFIT - LED STRIP LIGHTS	06/24/2025	9.99	250-03-53385-000 HHS-CHILDRENS WAIVER/F

Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	GL Account and Title
AMAZON.COM	114-3644124-6	CLIENT BENEFIT - THERAPUTIC SUPPLIES	06/16/2025	353.70	250-03-53385-000 HHS-CHILDRENS WAIVER/F
AMAZON.COM	114-3768090-9	CLIENT BENEFIT - YARD GAMES, RING CAMERA SET, SENSOR	06/16/2025	841.84	250-03-53385-000 HHS-CHILDRENS WAIVER/F
AMAZON.COM	114-3943556-7	PREVENTION GRANT 159220-CPR FACE SHIELDS	07/11/2025	12.24	250-01-54101-347 HHS-PH-MEDICAL SUPPLIES
AMAZON.COM	114-4191093-8	CLIENT BENEFIT - THERAPUTIC SUPPLIES - RETURNED	06/16/2025	103.75	250-13104 HHS-ACCOUNTS RECEIVABLE
AMAZON.COM	114-4191093-8	CLIENT BENEFIT - THERAPUTIC SUPPLIES	06/16/2025	256.60	250-03-53385-000 HHS-CHILDRENS WAIVER/F
AMAZON.COM	114-4191093-8	RETURNED ITEM	06/26/2025	45.00	250-13104 HHS-ACCOUNTS RECEIVABLE
AMAZON.COM	114-4191093-8	RETURNED ITEMS	06/24/2025	58.75	250-13104 HHS-ACCOUNTS RECEIVABLE
AMAZON.COM	114-4266200-5	MCH - FARMERS MARKET - DISPOSABLE GLOVES	06/24/2025	3.89	250-83-54118-349 HHS-MCH-OTHER SUPPLIES
AMAZON.COM	114-4530498-6	CLIENT BENEFIT - SENSOR SWING	06/18/2025	46.00	250-03-53385-000 HHS-CHILDRENS WAIVER/F
AMAZON.COM	114-5613663-7	CLIENT BENEFIT - SHOWER BENCH	06/16/2025	184.99	250-03-53385-000 HHS-CHILDRENS WAIVER/F
AMAZON.COM	114-5814283-6	CLIENT BENEFIT - WIPES	06/16/2025	43.11	250-03-53385-000 HHS-CHILDRENS WAIVER/F
AMAZON.COM	114-5838689-8	CLIENT BENEFIT - ADULT TRICYCLE	06/19/2025	279.99	250-03-53385-000 HHS-CHILDRENS WAIVER/F
AMAZON.COM	114-6178108-5	CLIENT BENEFIT - COOLING BLANKET	06/16/2025	67.99	250-03-53385-000 HHS-CHILDRENS WAIVER/F
AMAZON.COM	114-6189971-3	CLIENT BENEFIT - BABY MONITOR, SAFETY HARNESS	06/09/2025	157.98	250-03-53385-000 HHS-CHILDRENS WAIVER/F
AMAZON.COM	114-6588337-4	MCH- DONATION FUND- BABY SWADDLE SLEEP SACKS	07/23/2025	33.57	250-83-54118-349 HHS-MCH-OTHER SUPPLIES
AMAZON.COM	114-7577460-1	CLIENT BENEFIT - SOFA CHAIR WITH OTTOMAN	06/10/2025	404.08	250-03-53385-000 HHS-CHILDRENS WAIVER/F
AMAZON.COM	114-8428944-3	PORTION CONTROL CUPS - WIC NUTRITION ED	07/10/2025	25.78	250-04-54109-349 HHS-PH WIC-SUPPLIES & E
AMAZON.COM	114-8925120-9	CLIENT BENEFIT - CORNHOLE BOARDS	06/16/2025	179.85	250-03-53385-000 HHS-CHILDRENS WAIVER/F
AMAZON.COM	114-9218402-0	WIRELESS KEYBOARD AND MOUSE	06/17/2025	24.99	250-60-53660-000 HHS-YAID-YOUTH AIDS BAS
AMAZON.COM	114-9267560-5	CLIENT BENEFIT - SWING SET W/ 6" WATER SLIDE	06/30/2025	399.95	250-03-53385-000 HHS-CHILDRENS WAIVER/F
AMAZON.COM	114-9402886-3	CLIENT BENEFIT - WEIGHTED BLANKET	06/24/2025	52.33	250-03-53385-000 HHS-CHILDRENS WAIVER/F
AMERICAN RED CROSS	PH10007278	PHHS 159220 -CPR MANIKINS AND AED TRAINER	06/25/2025	1,758.57	250-01-54101-349 HHS-PH-OTHER SUPPLIES
ANCHOR BAY COUNSELING CENTER	9351	MOBILE CRISIS ASSESSMENT REVIEW	07/29/2025	75.00	250-54-53569-000 HHS-SERV-MENTAL HLTH BL
ANCHOR BAY COUNSELING CENTER	9363	CCS SUPERVISION JULY	07/31/2025	2,250.00	250-06-54108-216 HHS-CCS-CONTRACTED SE
ANCHOR BAY COUNSELING CENTER	9401	MOBILE CRISIS ASSESSMENT REVIEW	08/14/2025	75.00	250-54-53569-000 HHS-SERV-MENTAL HLTH BL
ANNABLE, LISA MARIE	2403	'25 KINSHIP PAYMENT	08/01/2025	133.06	250-61-53770-000 HHS-CHILD & FAM-KINSHIP
AUSTIN, SONIA	2403	JULY '25 KINSHIP CARE	08/01/2025	750.00	250-61-53770-000 HHS-CHILD & FAM-KINSHIP
BAUER, SAMANTHA	2403	JULY '25 SUBSIDIZED GUARDIANSHIP	08/01/2025	420.00	250-61-53290-000 HHS-C&F SUBSIDIZED GUA
BAUER, SAMANTHA	2403	JULY '25 FOSTER CARE	08/01/2025	529.00	250-61-53230-000 HHS-CHILD & FAM-SUBSTIT
BELMONT COUNTY	22FA000007	SERVICE OF PROCESS CASE 22FA07	07/28/2025	85.00	250-13-51330-210 HHS-C/S-SERVICE OF PROC
BOONE COUNTY SHERIFF'S OFFICE	202500000435	STATEMENT FOR PROCESS FEE	07/28/2025	51.00	250-13-51330-210 HHS-C/S-SERVICE OF PROC
BOSS, AMBER	2403	JULY '25 KINSHIP CARE	08/01/2025	375.00	250-61-53770-000 HHS-CHILD & FAM-KINSHIP
BRIGHTSPEED	301490715 061	SHELDON PHONE BILL	06/13/2025	86.59	250-95-51650-230 HHS-SS CTRS-SHELDON
BRIGHTSPEED	301490715 071	SHELDON SITE PHONE BILL	07/13/2025	86.51	250-95-51650-230 HHS-SS CTRS-SHELDON
BROWN, SUSAN Y	2403	JULY '25 KINSHIP CARE	08/01/2025	375.00	250-61-53770-000 HHS-CHILD & FAM-KINSHIP
BRUCE TELEPHONE COMPANY	34000 0701202	MONTHLY PHONE BILL JULY '25	07/01/2025	42.42	250-95-51650-233 HHS-SS CTRS-BRUCE UTILI
BRUCE TELEPHONE COMPANY	34000 0801202	MONTHLY PHONE BILL AUG '25	08/01/2025	38.97	250-95-51650-233 HHS-SS CTRS-BRUCE UTILI
CENTEC CAST METAL PRODUCTS	58552	(50) MARKER STAKE BRASS 5/16" X 18"	06/03/2025	338.90	250-47-54701-390 HHS-VSO-CEMETERY EXPE
CHAMP SOFTWARE INC	CH-15060	WI NIGHTINGALE NOTES ANNUAL SUBSCRIPTION FOR 2 NIGH	08/13/2025	7,649.24	250-16200 HHS-PREPAID
CHAMP SOFTWARE INC	CH-15060	WI NIGHTINGALE NOTES ANNUAL SUBSCRIPTION FOR 2 NIGH	08/13/2025	2,549.76	250-05-54106-216 HHS-PH REPR-CONTRACTE
CHARTER COMMUNICATIONS	0870404064	CLIENT BENEFIT - INTERNET	06/01/2025	79.99	250-03-53385-000 HHS-CHILDRENS WAIVER/F

Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	GL Account and Title
CHASE, CASSANDRA	2403	JULY '25 FOSTER CARE	08/01/2025	1,940.73	250-61-53230-000 HHS-CHILD & FAM-SUBSTTT
CHILDS, AMANDA LEANN	2403	JULY '25 FOSTER CARE	08/01/2025	609.67	250-61-53230-000 HHS-CHILD & FAM-SUBSTTT
CHILDS, AMANDA LEANN	2403	JULY '25 KINSHIP CARE	08/01/2025	387.10	250-61-53770-000 HHS-CHILD & FAM-KINSHIP
CHRISMARK HOME LLC	900	JULY '25 ROOM & BOARD	08/04/2025	4,960.00	250-54-53516-000 HHS-ADULT SERV-COMM M
CHRISMARK HOME LLC	900	JULY '25 COST SHARE	08/04/2025	700.00	250-54-53516-000 HHS-ADULT SERV-COMM M
CHRISTIAN HARBOR YOUTH CAMP	06102025	CCOP CLIENT BENEFIT-YOUTH CAMP	06/10/2025	155.00	250-03-53377-000 HHS-CHILDRENS COP
CHRISTIAN HARBOR YOUTH CAMP	07292025	CCOP CLIENT BENEFIT-YOUTH CAMP OS	07/29/2025	105.00	250-03-53377-000 HHS-CHILDRENS COP
CHURCHWELL, ALYSSA MARIE	2403	JULY '25 KINSHIP CARE	08/01/2025	375.00	250-61-53770-000 HHS-CHILD & FAM-KINSHIP
CHURCHWELL, ALYSSA MARIE	2403	JULY '25 FOSTER CARE	08/01/2025	4,000.00	250-61-53230-000 HHS-CHILD & FAM-SUBSTTT
CITY OF EAU CLAIRE	149325	STERILITY VERIFICATION	07/21/2025	74.00	250-01-54101-216 HHS-PH-CONTRACTED SER
COMMERCIAL TESTING LAB INC	76237	WATER TESTING	07/31/2025	887.60	250-01-54101-216 HHS-PH-CONTRACTED SER
COOLSYS COMMERCIAL	151627466	5 HRS LABOR, REFRIGERATOR TOO WARM	07/24/2025	731.30	250-44-54602-249 HHS-JAIL MEAL CLEAR-REP
DEWITT, LYNDA	2403	JULY '25 SUBSIDIZED GUARDIANSHIP	08/01/2025	420.00	250-61-53290-000 HHS-C&F SUBSIDIZED GUA
EASTWART	061784	(2) 20LB ICE	06/09/2025	10.00	250-44-54602-344 HHS-JAIL MEAL CLEAR-FOO
EAU CLAIRE EXPRESS	6065818	CCOP-CLIENT BENEFIT- TICKETS	05/27/2025	28.50	250-03-53377-000 HHS-CHILDRENS COP
ETIX	410012808	CCOP CLIENT BENEFIT- RENAISSANCE TICKETS	06/16/2025	134.48	250-03-53377-000 HHS-CHILDRENS COP
FAMILY FARMS LLC	748908A	RAW FOOD FOR CENTER	07/23/2025	279.24	250-44-54602-344 HHS-JAIL MEAL CLEAR-FOO
FAMILY FARMS LLC	749328A	RAW FOOD FOR CENTER	07/30/2025	278.09	250-44-54602-344 HHS-JAIL MEAL CLEAR-FOO
FAMILY FARMS LLC	749835A	RAW FOOD FOR CENTER	08/07/2025	279.24	250-44-54602-344 HHS-JAIL MEAL CLEAR-FOO
FLAMBEAU VILLAGE II, LLC	2590 08062025	EMERGENCY RENT FOR VETERAN	08/06/2025	1,775.00	250-55-54119-000 VETS DONATIONS-DISASTE
FORENSIC FLUIDS LABORATORIES, I	78644	(100) 06 QUANT_SINGLE	07/11/2025	2,500.00	250-61-53060-000 HHS-CHILD & FAM-FAM PRE
FORWARD HEALTH	WS2FHP01261	NPI VALIDATION - CSP	07/07/2025	730.00	250-54-54561-216 HHS-SERV-CONTRACTED S
FRONTPOINT	C00002674110	CLIENT BENEFIT - MONITORING EQUIPMENT TP	06/01/2025	63.29	250-03-53385-000 HHS-CHILDRENS WAIVER/F
FRONTPOINT	C00002676311	CLIENT BENEFIT - MONTHLY MONITORING JM	06/01/2025	66.45	250-03-53385-000 HHS-CHILDRENS WAIVER/F
FRONTPOINT	C00002676504	CLIENT BENEFIT - MONTHLY MONITORING TN	06/01/2025	63.29	250-03-53385-000 HHS-CHILDRENS WAIVER/F
FRONTPOINT	C00002685805	CLIENT BENEFIT - MONTHLY MONITORING CM	07/01/2025	66.45	250-03-53385-000 HHS-CHILDRENS WAIVER/F
FRONTPOINT	C00002690168	CLIENT BENEFIT - MONTHLY MONITORING TN	07/01/2025	63.29	250-03-53385-000 HHS-CHILDRENS WAIVER/F
GOIN, LAURIE	2403	JULY'25 SUBSIDIZED GUARDIANSHIP	08/01/2025	1,120.00	250-61-53290-000 HHS-C&F SUBSIDIZED GUA
HILTON-APPLETON PAPER VALLEY	3215914924	STROP LODGING- 06/10-06/12/2025	06/10/2025	238.00	250-89-54609-332 HHS-ADRC-TRAVEL
HOTEL NORTHLAND	78032734	CCOP - CLIENT BENEFIT- HOTEL STAY	06/17/2025	321.21	250-03-53377-000 HHS-CHILDRENS COP
HRYNIEWIECKI, VENUS	2403	JULY '25 FOSTER CARE	08/01/2025	2,000.00	250-61-53230-000 HHS-CHILD & FAM-SUBSTTT
HYSELL, PEGGY	2403	JULY '25 KINSHIP CARE	08/01/2025	375.00	250-61-53770-000 HHS-CHILD & FAM-KINSHIP
JOHNSON, TIFFANY	2403	JULY '25 SUBSIDIZED GAUDIANSHIP	08/01/2025	684.00	250-61-53290-000 HHS-C&F SUBSIDIZED GUA
JONES, BRENDA S	2403	JULY '25 FOSTER CARE	08/01/2025	2,096.00	250-61-53230-000 HHS-CHILD & FAM-SUBSTTT
KALAHARI DEVELOPMENT LLC	1UQ0YQ4B	AMY SELL - HOTEL STAY	07/23/2025	98.00	250-60-53660-000 HHS-YAID-YOUTH AIDS BAS
KALAHARI DEVELOPMENT LLC	2WJGM37Z	H.M HOTEL STAY - CONFERENCE	07/15/2025	98.00	250-60-53660-000 HHS-YAID-YOUTH AIDS BAS
KALAHARI DEVELOPMENT LLC	VLFJ6DOR	TAX TO BE REFUNDED	06/09/2025	24.02	250-13104 HHS-ACCOUNTS RECEIVABLE
KALAHARI DEVELOPMENT LLC	VLFJ6DOR	BETHANY JULIEN - LODGING 09/17-09/19/2025	06/09/2025	196.00	250-54-54561-332 HHS-SERV-MILEAGE
KATON RESTAURANT SUPPLY, INC	743314	CUTTING BOARD AND SHELF	05/30/2025	179.51	250-94-54605-348 HHS-SS-SITE-SUPPLIES
KIERNAN, MARYJEAN K	2403	JULY '25 KINSHIP CARE	08/01/2025	375.00	250-61-53770-000 HHS-CHILD & FAM-KINSHIP
KOSTNER, KOSTNER & SUMMERFIEL	9806	CHILD SUPPORT ATTORNEY FEES	08/06/2025	1,650.00	250-13-51330-216 HHS-C/S-CONTRACT SERVI

Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	GL Account and Title
KRIST FOOD MART	024151	GARBAGE STICKERS	05/27/2025	100.00	250-61-53060-000 HHS-CHILD & FAM-FAM PRE
KRONSTAD, NANCY	2403	JULY '25 KINSHIP CARE	08/01/2025	375.00	250-61-53770-000 HHS-CHILD & FAM-KINSHIP
KWIK TRIP	026252	(5) GIFT CARDS	06/03/2025	200.00	250-61-53060-000 HHS-CHILD & FAM-FAM PRE
KWIK TRIP	053997	PUBLIC HEALTH - SAMPLE	06/09/2025	5.99	250-01-54101-349 HHS-PH-OTHER SUPPLIES
KWIK TRIP	5614716	(4) \$25 GAS CARDS	07/16/2025	100.00	250-61-53060-000 HHS-CHILD & FAM-FAM PRE
LA CASA MEXICANA	071113	TEAM LUNCH - ECONOMIC SUPPORT- TO BE REIMBURSED BY	06/11/2025	75.00	250-14-52810-332 HHS-ES-IM ALLOC TRAVEL
LADWIG, SHANNDA	2403	JULY '25 KINSHIP CARE	08/01/2025	375.00	250-61-53770-000 HHS-CHILD & FAM-KINSHIP
LADYSMITH ACE HARDWARE	072272	UPS SHIPPING- COMMUNICABLE DISEASE	06/26/2025	15.16	250-01-54101-311 HHS-PH-POSTAGE
LADYSMITH ACE HARDWARE	48395/1	CLIENT BENEFIT - POWER LIFT RECLINER	06/21/2025	1,000.00	250-03-53385-000 HHS-CHILDRENS WAIVER/F
LADYSMITH NEWS	20675	PRINTING THE SOURCE	07/07/2025	20.00	250-54-53810-000 HHS-SERVICES A CRGVR
LADYSMITH NEWS	20675	PRINTING THE SOURCE	07/07/2025	150.04	250-97-54612-350 HHS-SOURCE-NEWSPAPER
LADYSMITH POSTMASTER	056055	PRINTING THE SOURCE	07/07/2025	170.05	250-99-54611-346 HHS-SS FAM CARE-ED & INF
LADYSMITH VETERINARY CLINIC	51312	INTERNATIONAL POSTAGE- CHILD SUPPORT	07/21/2025	1.70	250-13-51330-311 HHS-C/S-POSTAGE
LEIBEL-CEGLER, SARAH	SCJUL2025	SAFE & STABLE - RABIES VACCINE	06/02/2025	41.20	250-61-53060-000 HHS-CHILD & FAM-FAM PRE
LEIBEL-CEGLER, SARAH	SCJUL2025	JULY '25 SERVICE COORDINATION	07/31/2025	6,704.00	250-09-53550-216 HHS-PH B23-CONTRACTED
MILLER, CYNTHIA	2403	JULY '25 SPECIAL INSTRUCTION	07/31/2025	301.00	250-09-53550-216 HHS-PH B23-CONTRACTED
NACVSO INC	10847	JULY '25 KINSHIP CARE	08/01/2025	750.00	250-61-53770-000 HHS-CHILD & FAM-KINSHIP
NITEK, JACQUELYNE	2403	MEMBERSHIP 2025	06/03/2025	50.00	250-47-54701-339 HHS-YSO-CONVENTION & D
NOLAN, LISA	2403	JULY '25 KINSHIP CARE	08/01/2025	278.23	250-61-53770-000 HHS-CHILD & FAM-KINSHIP
NORTHWEST CONNECTION FAMILY R	NWCFR08012	JULY '25 KINSHIP CARE	08/01/2025	750.00	250-61-53770-000 HHS-CHILD & FAM-KINSHIP
NORTHWEST PASSAGE LTD	32665	CHILD CARE CERTIFICATION JULY '25	08/01/2025	168.57	250-62-58310-000 HHS-CHILD CARE-DIRECT C
NORTHWEST PASSAGE LTD	32665	SAFE & STABLE- ASSEMSSMENT BILLING JULY 2025	07/31/2025	4,853.05	250-61-53060-000 HHS-CHILD & FAM-FAM PRE
NORTHWOODS DENTISTRY LADYSMI	06252025	FAMILY FIRST-ASSEMSSMENT BILLING JULY 2025	07/31/2025	5,211.95	250-61-53577-000 HHS-CHILD & FAM-FAM SUP
NTERA	20102368	EMERGENCY VET DENTAL BILL	06/25/2025	181.00	250-55-54119-000 VETS DONATIONS-DISASTE
NUTRI-SYSTEMS CORPORATION	54632	CLIENT BENEFIT - INTERNET	06/01/2025	49.99	250-03-53385-000 HHS-CHILDRENS WAIVER/F
PAN-O-GOLD BAKING CO	400637251350	TBE CORD PLUG, BAG HEATER, SHIPPING	05/20/2025	319.03	250-44-54602-348 HHS-JAIL MEAL CLEAR-SUP
PAN-O-GOLD BAKING CO	400637251430	RAW FOOD FOR CENTER	05/15/2025	45.90	250-44-54602-344 HHS-JAIL MEAL CLEAR-FOO
PAN-O-GOLD BAKING CO	400637251500	RAW FOOD FOR CENTER	05/23/2025	67.68	250-44-54602-344 HHS-JAIL MEAL CLEAR-FOO
PREVENTION RESEARCH INSTITUTE	0130533	RAW FOOD FOR CENTER	05/30/2025	67.68	250-44-54602-344 HHS-JAIL MEAL CLEAR-FOO
R&S NORTHEAST LLC	530200	EDUCATIONAL MATERIAL-RUSK RESTORATIVE PROGRAM WO	07/21/2025	500.00	250-54-53570-000 HHS-SERV-SATBG PRIMARY
R&S NORTHEAST LLC	530560	BIRTH CONTROL	05/30/2025	407.71	250-05-54106-347 HHS-PH REPR-MEDICAL SU
R&S NORTHEAST LLC	530663	BIRTH CONTROL	06/02/2025	143.71	250-05-54106-347 HHS-PH REPR-MEDICAL SU
RICE LAKE AREA SCHOOL DISTRICT	06302025-DR	BIRTH CONTROL	06/02/2025	1,149.53	250-05-54106-347 HHS-PH REPR-MEDICAL SU
RICE LAKE AREA SCHOOL DISTRICT	06302025-RR	CCOP CLIENT BENEFIT- SWIMMING LESSONS - LEVEL 2	06/10/2025	122.82	250-03-53377-000 HHS-CHILDRENS COP
RICE LAKE AREA SCHOOL DISTRICT	553147	CCOP CLIENT BENEFIT- SWIMMING LESSONS- LEVEL 2	06/10/2025	122.82	250-03-53377-000 HHS-CHILDRENS COP
RICE LAKE AREA SCHOOL DISTRICT	6803	CCOP CLIENT BENEFIT-ACTIVITY HERO SERVICE FEE	06/10/2025	1.98	250-03-53377-000 HHS-CHILDRENS COP
RODRIGUEZ, ROSA	RR080725	CCOP CLIENT BENEFIT-POOL MEMBERSHIP	06/18/2025	608.40	250-03-53377-000 HHS-CHILDRENS COP
RODRIGUEZ, ROSA	RR081125	WIC INTERPRETATION	08/07/2025	17.50	250-04-54109-216 HHS-PH WIC-CONTRACTED
RODRIGUEZ, ROSA	RR081125	INTERPERATION - RH	08/11/2025	17.50	250-05-54106-216 HHS-PH REPR-CONTRACTE
RUSK COUNTY JUNIOR LEADERS OR	FOOD 2025	WIC INTERPRETATION	08/11/2025	157.50	250-04-54109-216 HHS-PH WIC-CONTRACTED
		2025 FOOD BOOTH STIPEND	08/14/2025	75.00	250-63-51515-349 HHS-CST-OTHER SUPPLIES

Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	GL Account and Title
RUSK COUNTY PHARMACY	103050	TUBERSOL	06/24/2025	370.00	250-01-54101-347 HHS-PH-MEDICAL SUPPLIES
RUSK COUNTY TRANSIT COMMISSIO	13733	EMERGENCY TRANSPORTATIN	07/15/2025	350.00	250-54-53682-000 HHS-SERV-MHEALTH COMM
RUSK COUNTY TRANSIT COMMISSIO	13739	2 SIGNS ON BUS SIDE-WHEAP PROGRAM	07/28/2025	480.33	250-53-54904-001 LIHEAP-PUB BEN OP LIHEAP
RUSK COUNTY TRANSIT COMMISSIO	13739	2 SIGNS ON BUS SIDE-WHEAP PROGRAM	07/28/2025	519.67	250-53-54906-001 HHS-LIHEAP WX OPERATIO
RUSK COUNTY TRANSIT COMMISSIO	13809	VA TRANSPORTATION JULY 2025	07/31/2025	1,125.00	250-47-54701-280 HHS-VSO-SUBSIDIZED TRA
SANKO, MELISSA	AH 072225	CLIENT BENEFIT - DRUM LESSONS	07/22/2025	144.00	250-03-53385-000 HHS-CHILDRENS WAIVER/F
SCHILLING SUPPLY CO INC	1007477-00	SUPPLIES FOR CENTER- VENTED LIDS, FOAM CUPS, NAPKINS	05/28/2025	644.74	250-44-54602-348 HHS-JAIL MEAL CLEAR-SUP
SCHILLING SUPPLY CO INC	1007770-00	SUPPLIES FOR CENTER- CLOROX CLEAN-UP CLEANSER, PINE	05/28/2025	129.25	250-44-54602-348 HHS-JAIL MEAL CLEAR-SUP
SKYLIGHT	S-1840182	CLIENT BENEFIT - SKYLIGHT CALENDAR	05/29/2025	604.99	250-03-53385-000 HHS-CHILDRENS WAIVER/F
SPACE EXPLORATION TECHNOLOGIE	INV-USA-4966	STARLINK SUBSCRIPTION - 2025-8	08/05/2025	39.60	250-89-54609-225 HHS-ADRC-COMMUNICATIO
STAFFWORKS GROUP	17660078	HOME CARE	06/27/2025	26.00	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17660079	HOME CARE	06/27/2025	52.00	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17660080	HOME CARE	06/27/2025	52.00	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17660081	HOME CARE	06/27/2025	52.00	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17660082	HOME CARE	06/27/2025	58.50	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17660618	HOME CARE	07/03/2025	52.00	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17660619	HOME CARE	07/03/2025	45.50	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17660620	HOME CARE	07/03/2025	52.00	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17661109	HOME CARE	07/03/2025	58.50	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17661110	HOME CARE	07/11/2025	45.50	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17661111	HOME CARE	07/11/2025	45.50	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17661650	HOME CARE	07/18/2025	45.50	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17661651	HOME CARE	07/18/2025	45.50	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17661652	HOME CARE	07/18/2025	52.00	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17661653	HOME CARE	07/18/2025	52.00	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17662195	HOME CARE	07/25/2025	52.00	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17662196	HOME CARE	07/25/2025	52.00	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17662197	HOME CARE	07/25/2025	45.50	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17662198	HOME CARE	07/25/2025	52.00	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17662199	HOME CARE	07/25/2025	52.00	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17662715	HOME CARE	08/01/2025	58.50	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17662716	HOME CARE	08/01/2025	52.00	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17662717	HOME CARE	08/01/2025	52.00	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17662718	HOME CARE	08/01/2025	52.00	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17663253	HOME CARE	08/08/2025	52.00	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17663254	HOME CARE	08/08/2025	58.50	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17663255	HOME CARE	08/08/2025	52.00	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STAFFWORKS GROUP	17663256	HOME CARE	08/08/2025	52.00	250-99-54611-216 HHS-SS FAM CARE-CONTRA
STERICYCLE INC	8010801045	BIO HAZZARD WASTE DISPOSAL-LD	05/18/2025	24.85	250-04-54109-216 HHS-PH WIC-CONTRACTED
STERICYCLE INC	8010801045	BIO HAZZARD WASTE DISPOSAL-PH	05/18/2025	24.85	250-01-54101-216 HHS-PH-CONTRACTED SER

Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	GL Account and Title
STERICYCLE INC	8010801045	BIO HAZZARD WASTE DISPOSAL-IMM	05/18/2025	24.85	250-86-54113-216 IMMUNIZATION-CONTRACT
STERICYCLE INC	8010801045	BIO HAZZARD WASTE DISPOSAL-RH	05/18/2025	24.85	250-05-54106-216 HHS-PH REPR-CONTRACTE
STERICYCLE INC	8011106973	BIO HAZZARD WASTE DISPOSAL-IMM	06/18/2025	24.85	250-86-54113-216 IMMUNIZATION-CONTRACT
STERICYCLE INC	8011106973	BIO HAZZARD WASTE DISPOSAL-PH	06/18/2025	24.85	250-01-54101-216 HHS-PH-CONTRACTED SER
STERICYCLE INC	8011106973	BIO HAZZARD WASTE DISPOSAL-RH	06/18/2025	24.85	250-05-54106-216 HHS-PH REPR-CONTRACTE
STERICYCLE INC	8011106973	BIO HAZZARD WASTE DISPOSAL-LD	06/18/2025	24.85	250-04-54109-216 HHS-PH WIC-CONTRACTED
SUNLIGHT ASSISTED LIVING LLC	1249	JULY '25 ROOM & BOARD	07/31/2025	5,425.00	250-54-53516-000 HHS-ADULT SERV-COMM M
SUNLIGHT ASSISTED LIVING LLC	1250	JULY '25 COST SHARE	07/31/2025	789.00	250-54-53516-000 HHS-ADULT SERV-COMM M
SUNLIGHT ASSISTED LIVING LLC	1250	JULY '25 ROOM & BOARD	07/31/2025	5,425.00	250-54-53516-000 HHS-ADULT SERV-COMM M
SWARTZ, JESSICA MARIE	2403	JULY '25 FOSTER CARE	08/01/2025	2,102.00	250-61-53230-000 HHS-CHILD & FAM-SUBSTIT
SYSCO BARABOO, LLC	418977701	RAW FOOD FOR CENTER	07/24/2025	1,734.70	250-44-54602-344 HHS-JAIL MEAL CLEAR-FOO
SYSCO BARABOO, LLC	418985921	RAW FOOD FOR CENTER	07/31/2025	1,774.52	250-44-54602-344 HHS-JAIL MEAL CLEAR-FOO
SYSCO BARABOO, LLC	418986690	SUPPLIES FOR THE CENTER	08/07/2025	44.04	250-44-54602-348 HHS-JAIL MEAL CLEAR-SUP
SYSCO BARABOO, LLC	418986690	RAW FOOD FOR CENTER	08/07/2025	2,286.26	250-44-54602-344 HHS-JAIL MEAL CLEAR-FOO
SYSCO BARABOO, LLC	518004231	RAW FOOD FOR CENTER	08/13/2025	1,698.48	250-44-54602-344 HHS-JAIL MEAL CLEAR-FOO
SYSCO BARABOO, LLC	518005724	SUPPLIES FOR THE CENTER	08/14/2025	80.72	250-44-54602-348 HHS-JAIL MEAL CLEAR-SUP
TAFT, MARK	2403	JULY '25 KINSHIP CARE	08/01/2025	375.00	250-61-53770-000 HHS-CHILD & FAM-KINSHIP
TAYLOR COUNTY	2500154	SERVICE OF PROCESS	08/06/2025	50.00	250-13-51330-210 HHS-C/S-SERVICE OF PROC
THE 92ND STREET Y, NEW YORK	2960747	A. GRANICA - APS TRAINING	07/16/2025	14.00	250-54-54561-339 HHS-SERV-TRAINING
TIMMERS, HEATHER	2402	JUNE '25 FOSTER CARE	07/18/2025	24.00	250-61-53230-000 HHS-CHILD & FAM-SUBSTIT
TIMMERS, HEATHER	2403	JULY '25 FOSTER CARE	08/01/2025	596.00	250-61-53230-000 HHS-CHILD & FAM-SUBSTIT
TRACTOR SUPPLY CO	47449	LATA - GATES	06/30/2025	330.50	250-11-54115-240 HHS-PREPARED-INS CLAIMS
UNIVERSITY OF MINNESOTA	070287	NUTRITION ED- 2025 NATIONAL MATERNAL NUTRITION INTENS	07/10/2025	35.00	250-04-54109-339 HHS-PH WIC-CONTINUING E
UNIVERSITY OF MINNESOTA	071214	2025 NATIONAL MATERNAL NUTRITION INTENSIVE COURSE A.	07/10/2025	35.00	250-04-54109-339 HHS-PH WIC-CONTINUING E
UNIVERSITY OF W SYSTEM	CIV-00013106	WCWPDS TRAINING	08/11/2025	160.00	250-61-54561-339 HHS-CHILD & FAM-TRAININ
UNIVERSITY OF W SYSTEM	WCIC 2025	TRAINING - B.J	06/02/2025	250.00	250-54-54561-339 HHS-SERV-TRAINING
UTKE, SANDRA	2403	JULY '25 KINSHIP CARE	08/01/2025	750.00	250-61-53770-000 HHS-CHILD & FAM-KINSHIP
VERIZON WIRELESS	4810041055	CLIENT BENEFIT - INTERNET	06/01/2025	45.00	250-03-53385-000 HHS-CHILDRENS WAIVERIF
VETERANS INFORMATION SERVICE	4450	VETS 2025 BOOK & NEWSLETTER SERVICE	06/03/2025	130.00	250-47-54701-319 HHS-VSO-OFFICE SUPPLIES
WALHDAB	300001016	ANNUAL MEMBERSHIP FOR PH-250-01-54101-339	07/01/2025	255.00	250-16200 HHS-PREPAID
WALHDAB	300001016	ANNUAL MEMBERSHIP FOR PH 2025/26	07/01/2025	255.00	250-01-54101-339 HHS-PH-CONVENTION/DUE
WALMART	004488	SAFE & STABLE - GIFT CARD	07/10/2025	156.84	250-61-53400-000 HHS-CHILD & FAM-IVE PRES
WALMART	005512	RAW FOOD FOR CENTER	06/06/2025	7.26	250-44-54602-344 HHS-JAIL MEAL CLEAR-FOO
WALMART	006911-2	ALL STAFF MEETING SNACKS- TO BE REIMBURSED BY BARRO	06/02/2025	53.98	250-13104 HHS-ACCOUNTS RECEIVABLE
WALMART	007855	SAFE & STABLE PHONE CARD	06/19/2025	125.26	250-61-53060-000 HHS-CHILD & FAM-FAM PRE
WALMART	011159	(3D) STEPPING ON FOOD & DRINKS & SUPPLIES	06/17/2025	75.00	250-93-54612-319 HHS-SS-DPHP-SUPPLIES
WALMART	024973	OFFICE SUPPLIES	07/01/2025	11.48	250-01-54101-319 HHS-PH-OFFICE SUPPLIES
WALMART	033149	PUBLIC HEALTH SAMPLING	06/09/2025	3.34	250-01-54101-349 HHS-PH-OTHER SUPPLIES
WALMART	034260	WIC- FARMERS MARKET STAND	07/21/2025	12.30	250-04-54109-349 HHS-PH WIC-SUPPLIES & E
WALMART	039210	RAW FOOD FOR CENTER	06/10/2025	7.52	250-44-54602-344 HHS-JAIL MEAL CLEAR-FOO
WALMART	057902	RAW FOOD FOR CENTER	06/16/2025	6.97	250-44-54602-344 HHS-JAIL MEAL CLEAR-FOO

Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	GL Account and Title
WALMART	064279	WIC- NUTRITIONAL SUPPLIES	07/10/2025	10.25	250-04-54109-349 HHS-PH WIC-SUPPLIES & E
WALMART	067528	DISTILLED WATER FOR WATER LAB	07/17/2025	2.74	250-01-54101-349 HHS-PH-OTHER SUPPLIES
WALMART	076337	ROMAINE HEARTS	06/19/2025	6.84	250-44-54602-344 HHS-JAIL MEAL CLEAR-FOO
WALMART	078150	RAW FOOD FOR CENTER	06/23/2025	101.09	250-44-54602-344 HHS-JAIL MEAL CLEAR-FOO
WALMART	078150	SUPPLIES	06/23/2025	150.43	250-44-54602-348 HHS-JAIL MEAL CLEAR-SUP
WALMART	088451	RAW FOOD FOR CENTER	05/27/2025	3.76	250-44-54602-344 HHS-JAIL MEAL CLEAR-FOO
WALMART	099009	RAW FOOD FOR CENTER	06/24/2025	34.30	250-44-54602-344 HHS-JAIL MEAL CLEAR-FOO
WALMART	2000131-0630	PREVENTION GRANT 159220- INFANT SPOONS	07/11/2025	8.45	250-01-54101-349 HHS-PH-OTHER SUPPLIES
WALMART	2000132-0047	CUMBERLAND BANK DONATION \$ TO MCH-BABY WIPES, BABY	06/05/2025	42.97	250-83-54118-349 HHS-MCH-OTHER SUPPLIES
WALMART	2000132-1519	CUMBERLAND BANK MCH- DONATIONS - PACIFIERS	06/05/2025	31.69	250-83-54118-349 HHS-MCH-OTHER SUPPLIES
WALMART	2000133-8553	CLIENT BENEFIT - ADJUSTABLE BASKETBALL HOOP	06/27/2025	38.98	250-93-53385-000 HHS-CHILDRENS WAIVER/F
WALMART	2000133-9288	PREVENTION GRANT 159220- BABY BOTTLES, WIPES & DIAPE	07/11/2025	8.58	250-01-54101-349 HHS-PH-OTHER SUPPLIES
WALMART	2000137-4807	MCH - BABY WIPES	07/23/2025	54.68	250-83-54118-349 HHS-MCH-OTHER SUPPLIES
WARLITNER, TIFFANY	2403	JULY '25 KINSHIP CARE	08/01/2025	375.00	250-61-53770-000 HHS-CHILD & FAM-KINSHIP
WCSEA	WCSEA 2025 F	2025 WCSEA FALL CONFERENCE	08/07/2025	490.00	250-13-51330-339 HHS-C/S-CONTIN EDUCATIO
WEBER SCIENTIFIC	50230404	PH WATER TESTING SUPPLIES	07/10/2025	1,659.16	250-01-54101-349 HHS-PH-OTHER SUPPLIES
WI DEPT OF ADMINISTRATION	505-00001042	NETWORK ACCESS-ES JUL '25	08/13/2025	25.00	250-14-52810-216 HHS-ES-CONTRACT SERV
WI DEPT OF ADMINISTRATION	505-00001042	NETWORK ACCESS-CS JUL '25	08/13/2025	25.00	250-13-51330-216 HHS-C/S-CONTRACT SERVI
WI DEPT OF JUSTICE	GR23BAQA	BACKGROUND CHECK-CFS -	05/23/2025	45.00	250-61-54561-216 HHS-CHILD & FAM-CONTRA
WI DEPT OF JUSTICE	YNVBSBC9	BACKGROUND CHECK-CFS -	07/08/2025	15.00	250-61-54561-216 HHS-CHILD & FAM-CONTRA
WI JUVENILE COURT INTAKE ASSOC	0BM37648W69	ANNUAL CONFERENCE 2025	07/23/2025	225.00	250-60-53660-000 HHS-YAID-YOUTH AIDS BAS
WI JUVENILE COURT INTAKE ASSOC	33B07451V826	ANNUAL CONFERENCE H. MORRISSEY	07/15/2025	225.00	250-60-53660-000 HHS-YAID-YOUTH AIDS BAS
WI OFFICE OF RURAL HEALTH	5001671	PHI - MEMBERSHIP	07/14/2025	75.00	250-01-54101-324 HHS-PH-MEMBERSHIP/DUE
WILDERNESS WALK ZOO	290850441	CCOP -CLIENT BENEFIT - MEMBERSHIP	06/16/2025	222.00	250-03-53377-000 HHS-CHILDRENS COP
WILLIAMS, KATHRYN	08042025	VETERAN BENEFIT- HOUSE CLEANING	08/04/2025	546.47	250-55-54119-000 VETS DONATIONS-DISASTE
WILLIAMS, ROBERT A	191-08152025	SAFE & STABLE - FAMILY FIRST KINSHIP PLACEMENT RENT &	08/15/2025	1,600.00	250-61-53060-000 HHS-CHILD & FAM-FAM PRE
WORLD HARVEST CHURCH	65380267	CCOP CLIENT BENEFIT - BIBLE CAMP	05/29/2025	265.00	250-03-53377-000 HHS-CHILDRENS COP
XCEL ENERGY	926996987	EMERGENCY FUNDS - VETEREANS DELINQUENT UTILITIES	05/12/2025	785.02	250-55-54119-000 VETS DONATIONS-DISASTE

Grand Totals:

165,260.81

COUNTY OF RUSK

Payment Approval Report - HHS committee
Report dates: 1/1/2020-8/27/2025

Vendor Name	Invoice Number	Description	Invoice Date	Net Invoice Amount	GL Account and Title
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We, the undersigned committee, have reviewed and approve the attached list of invoices and purchasing card statement(s).

Phil Schneider- Chair

Date

Lois Gocde - Vice Chair

Mary Schneider-Community Member

John Moore

John Ziemer-Community Member

Tom Hanson

Mark Schmitt - Community Member

Lisa Wick - Community Member

BUDGET REPORT

Department Head's Signature: Ashley Nelson

Date: 9-3-2025

This budget report form is to be sent to the Clerk's Office/Agenda Preparer for inclusion in the packet provided to the Oversight Committee.

Oversight Committees shall approve budget report forms and forward to the Finance Committee. Departments shall email approved budget report forms and Oversight meeting minutes to the Finance Director, or in their absence the Administrative Coordinator, to compile final monthly report for the Finance Committee.

Fully approved final monthly report, which includes all departmentally submitted budget report forms, will be filed with the Finance Director, or in their absence the Administrative Coordinator.

Please refer to the Financial Procedures Manual, Chapter 6 for the full policy regarding monthly departmental budget reports.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: ADRC

Budget Number: 475

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 307,682.38

2024 Actual Expenditures: 370,245.05

2023 Actual Revenues: 275,647.38

2024 Actual Revenues: 310,177.05

BUDGET INFORMATION:

Budgeted Expenditures: 485,393.00

Budgeted Revenues: 408,364.00

YTD Expenditures: 275,113.97

YTD Revenues: 156,775.98

Projected Expenditures: 412,670.95

Projected Revenues: 235,163.97

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS Month of Report: August 2025

Budget Name: Adult Services (Services) Budget Number: 463

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 1,154,941.55 2024 Actual Expenditures: 1,251,574.52

2023 Actual Revenues: 946,511.28 2024 Actual Revenues: 934,358.18

BUDGET INFORMATION:

Budgeted Expenditures: 1,317,152.00 Budgeted Revenues: 998,084.00

YTD Expenditures: 811,509.22 YTD Revenues: 344,897.55

Projected Expenditures: 1,217,263.83 Projected Revenues: 517,346.32

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name: 250-54-43948-000/ HHS-SA Winnebago Mental Health Institute

Reason for Concern: High-cost placements

Plan of Action: Adult Services staff continuously work on safely transitioning individuals in placement into the community.

Account Number/Name: 50-54-54561-153/ HHS-SERV-POST EMP HRA

Reason for Concern: An employee benefit payout that wasn't included in budget

Plan of Action:

Account Number/Name: 250-54-54561-111/ HHS-SERV-SALARIES

Reason for Concern: An employee benefit payout that wasn't included in budget

Plan of Action: Adult protection, Crisis Services and Mental Health/ Substance Abuse services are statutorily required.

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

Adult protection, Crisis Services and Mental Health/ Substance Abuse services are statutorily required.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Birth to Three

Budget Number: 453

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 138,907.52

2024 Actual Expenditures: 174,597.24

2023 Actual Revenues: 138,907.52

2024 Actual Revenues: 174,597.24

BUDGET INFORMATION:

Budgeted Expenditures: 188,953.00

Budgeted Revenues: 188,953.00

YTD Expenditures: 95,089.71

YTD Revenues: 60,149.51

Projected Expenditures: 142,634.56

Projected Revenues: 142,634.56

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

Birth to Three program is statutorily required.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: **HHS** Month of Report: **August 2025**

Budget Name: **Case Management- CSP** Budget Number: **472**

Name & Title of Person Preparing This Report: **Ashley Nelson, CSW, Director HHS**

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: **69,397.28** 2024 Actual Expenditures: **74,686.41**

2023 Actual Revenues: **69,397.28** 2024 Actual Revenues: **83,413.40**

BUDGET INFORMATION:

Budgeted Expenditures: **25,000.00** Budgeted Revenues: **25,000.00**

YTD Expenditures: YTD Revenues:

Projected Expenditures: Projected Revenues:

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: CCS- Comprehensive Community Services

Budget Number: 473

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 450,407.59

2024 Actual Expenditures: 462,055.23

2023 Actual Revenues: 450,407.59

2024 Actual Revenues: 462,055.23

BUDGET INFORMATION:

Budgeted Expenditures: 505,717.00

Budgeted Revenues: 505,717.00

YTD Expenditures: 241,168.72

YTD Revenues: 15,497.81

Projected Expenditures: 505,717.00

Projected Revenues: 505,717.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name: CCS is 100% MA Reimbursible

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Child Care

Budget Number: 461

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 5,607.05

2024 Actual Expenditures: 4,741.17

2023 Actual Revenues: 5,607.05

2024 Actual Revenues: 4,741.17

BUDGET INFORMATION:

Budgeted Expenditures: 8,000.00

Budgeted Revenues: 8,000.00

YTD Expenditures: 3,119.09

YTD Revenues: 2,918.76

Projected Expenditures: 8,000.00

Projected Revenues: 8,000.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Child Support

Budget Number: 490

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 269,705.07

2024 Actual Expenditures: 280,770.64

2023 Actual Revenues: 217,159.07

2024 Actual Revenues: 242,027.64

BUDGET INFORMATION:

Budgeted Expenditures: 293,670.00

Budgeted Revenues: 248,243.00

YTD Expenditures: 177,462.71

YTD Revenues: 73,062.25

Projected Expenditures: 266,193.00

Projected Revenues: 248,243.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern: Reimbursements and incentive payments come in quarterly.

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

Child Support is statutorily required.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: **HHS** Month of Report: **August 2025**

Budget Name: **Children and Family Services** Budget Number: **474**

Name & Title of Person Preparing This Report: **Ashley Nelson, CSW, Director HHS**

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: **849,989.04** 2024 Actual Expenditures: **1,017,311.24**

2023 Actual Revenues: **686,897.24** 2024 Actual Revenues: **758,246.24**

BUDGET INFORMATION:

Budgeted Expenditures: **1,125,784.00** Budgeted Revenues: **677,882.00**

YTD Expenditures: **564,549.56** YTD Revenues: **174,086.66**

Projected Expenditures: **846,824.34** Projected Revenues: **677,882.00**

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

Child Protection and Child Welfare Services are statutorily required.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS Month of Report: August 2025

Budget Name: CLTS- Children's Long-Term Support Budget Number: 477

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 238,283.78 2024 Actual Expenditures: 304,593.07

2023 Actual Revenues: 241,642.78 2024 Actual Revenues: 304,593.07

BUDGET INFORMATION:

Budgeted Expenditures: 305,118.00 Budgeted Revenues: 305,118.00

YTD Expenditures: 264,434.98 YTD Revenues: 158,754.88

Projected Expenditures: 305,118.00 Projected Revenues: 305,118.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name: CLTS is 100% MA funded

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

Children's Long-Term Support is statutorily required.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Community Intervention

Budget Number: 466

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 9,649.90

2024 Actual Expenditures:

2023 Actual Revenues: 9,649.00

2024 Actual Revenues:

BUDGET INFORMATION:

Budgeted Expenditures: 5,828.00

Budgeted Revenues: 5,828.00

YTD Expenditures:

YTD Revenues:

Projected Expenditures: 5,828.00

Projected Revenues: 5,828.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Congregate Meals

Budget Number: 415

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 89,165.42

2024 Actual Expenditures: 138,403.82

2023 Actual Revenues: 89,165.42

2024 Actual Revenues: 138,403.82

BUDGET INFORMATION:

Budgeted Expenditures: 99,611.00

Budgeted Revenues: 86,738.00

YTD Expenditures: 54,108.11

YTD Revenues: 40,181.57

Projected Expenditures: 81,162.16

Projected Revenues: 60,272.36

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: CST- Coordinated Services Team

Budget Number: 492

Name & Title of Person Preparing This Report: **Ashley Nelson, CSW, Director HHS**

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 60,831.44

2024 Actual Expenditures: 62,035.31

2023 Actual Revenues: 59,432.00

2024 Actual Revenues: 60,000.00

BUDGET INFORMATION:

Budgeted Expenditures: 60,000.00

Budgeted Revenues: 60,000.00

YTD Expenditures: 33,218.44

YTD Revenues: 23,590.00

Projected Expenditures: 60,000.00

Projected Revenues: 60,000.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name: CST requires \$6,000 match

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: DPHP-Disease Prevention and Health Promotion

Budget Number: 424

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 6,558.34

2024 Actual Expenditures: 8,093.47

2023 Actual Revenues: 6,428.34

2024 Actual Revenues: 9,889.50

BUDGET INFORMATION:

Budgeted Expenditures: 2,624.00

Budgeted Revenues: 2,624.00

YTD Expenditures:

YTD Revenues:

Projected Expenditures: 2,624.00

Projected Revenues: 2,624.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name: Will utilize the full grant in the ADRC

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Donation

Budget Number: 470

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 2,630.98

2024 Actual Expenditures: 1,690.61

2023 Actual Revenues: 3,895.01

2024 Actual Revenues: 4,145.00

BUDGET INFORMATION:

Budgeted Expenditures: 400.00

Budgeted Revenues: 1,350.00

YTD Expenditures: 4,031.67

YTD Revenues: 2,505.00

Projected Expenditures: 0

Projected Revenues: 0

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Economic Support

Budget Number: 462

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 352,679.35

2024 Actual Expenditures: 359,458.78

2023 Actual Revenues: 267,764.35

2024 Actual Revenues: 260,450.78

BUDGET INFORMATION:

Budgeted Expenditures: 355,077.00

Budgeted Revenues: 255,166.00

YTD Expenditures: 231,316.25

YTD Revenues: 126,419.00

Projected Expenditures: 346,974.36

Projected Revenues: 189,628.50

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name: 250-14-52810-106

Reason for Concern: Director payout

Plan of Action:

Account Number/Name: 250-14-52810-158

Reason for Concern: Unemployment- was not included in the budget

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

Economic Support services are mandated services within HHS

BUDGET REPORT



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The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Elder Abuse

Budget Number: 422

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 10,495.87

2024 Actual Expenditures: 11,410.50

2023 Actual Revenues: 10,495.87

2024 Actual Revenues: 11,724.00

BUDGET INFORMATION:

Budgeted Expenditures: 10,247.00

Budgeted Revenues: 10,247.00

YTD Expenditures: 2,142.49

YTD Revenues: 1,526.00

Projected Expenditures: 10,247.00

Projected Revenues: 10,247.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name: Will utilize all of this grant.

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Family Caregiver

Budget Number: 423

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 15,471.21

2024 Actual Expenditures: 23,697.47

2023 Actual Revenues: 15,471.21

2024 Actual Revenues: 23,697.47

BUDGET INFORMATION:

Budgeted Expenditures: 11,204.00

Budgeted Revenues: 11,204.00

YTD Expenditures: 10,296.86

YTD Revenues: 7,446.00

Projected Expenditures: 11,204.00

Projected Revenues: 11,204.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name: Will utilize all of this grant.

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Home Delivered Meals

Budget Number: 417

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 313,892.54

2024 Actual Expenditures: 303,555.80

2023 Actual Revenues: 279,387.54

2024 Actual Revenues: 184,894.80

BUDGET INFORMATION:

Budgeted Expenditures: 322,615.00

Budgeted Revenues: 121,190.00

YTD Expenditures: 152,350.13

YTD Revenues: 79,337.12

Projected Expenditures: 228,525.19

Projected Revenues: 119,005.68

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Immunization Action Plan Budget Number: 452

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 9676.00

2024 Actual Expenditures: 10,008.00

2023 Actual Revenues: 5,897.00

2024 Actual Revenues: 4,824.00

BUDGET INFORMATION:

Budgeted Expenditures: 4,445.00

Budgeted Revenues: 4,445.00

YTD Expenditures: 3,217.38

YTD Revenues: 2,636.00

Projected Expenditures: 4,445.00

Projected Revenues: 4,445.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name: Will utilize full amount of grant.

Reason for Concern:

Plan of Action: statutorily required

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Intoxicated Driver Surcharge Budget Number: 469

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 16,388.72

2024 Actual Expenditures: 1,587.94

2023 Actual Revenues: 11,616.91

2024 Actual Revenues: 12,954.37

BUDGET INFORMATION:

Budgeted Expenditures: 141,300.00

Budgeted Revenues: 141,300.00

YTD Expenditures: 137.92

YTD Revenues: 8,453.40

Projected Expenditures:

Projected Revenues:

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



21

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: MA Enhanced- Economic Support

Budget Number: 476

Name & Title of Person Preparing This Report: **Ashley Nelson, CSW, Director HHS**

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 38,910.45

2024 Actual Expenditures: 53,850.22

2023 Actual Revenues: 38,910.45

2024 Actual Revenues: 53,850.22

BUDGET INFORMATION:

Budgeted Expenditures: 88,493.00

Budgeted Revenues: 88,493.00

YTD Expenditures: 45,882.99

YTD Revenues: 24,920.00

Projected Expenditures: 88,493.00

Projected Revenues: 88,493.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name: This position is 100% MA funded.

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Maternal Child Health

Budget Number: 458

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 10,884.55

2024 Actual Expenditures: 7,993.00

2023 Actual Revenues: 10,884.55

2024 Actual Revenues: 6,958.00

BUDGET INFORMATION:

Budgeted Expenditures: 7,489.00

Budgeted Revenues: 7,489.00

YTD Expenditures: 12,716.38

YTD Revenues: 4,805.00

Projected Expenditures: 12,716.38

Projected Revenues: 7,489.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action: Grant will be used, anything over will fall to the PH line

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



23

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Opioid Prevention

Budget Number: 451

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 0

2024 Actual Expenditures: 0

2023 Actual Revenues: 24,599.79

2024 Actual Revenues: 130,207.69

BUDGET INFORMATION:

Budgeted Expenditures: 0

Budgeted Revenues: 0

YTD Expenditures: 0

YTD Revenues: 47,061.88

Projected Expenditures: 0

Projected Revenues: 47,061.88

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Prenatal Care

Budget Number: 450

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 480.00

2024 Actual Expenditures:

2023 Actual Revenues: 2083.31

2024 Actual Revenues:

BUDGET INFORMATION:

Budgeted Expenditures: 294.00

Budgeted Revenues: 294.00

YTD Expenditures: 0

YTD Revenues: 0

Projected Expenditures: 0

Projected Revenues: 0

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name: This acct should be closed and combined with Maternal Child Health.

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT

25



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Preparedness

Budget Number: 459

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 30,916.92

2024 Actual Expenditures: 318,235.18

2023 Actual Revenues: 31,384.84

2024 Actual Revenues: 318,235.18

BUDGET INFORMATION:

Budgeted Expenditures: 23,192.00

Budgeted Revenues: 23,192.00

YTD Expenditures: 21,497.85

YTD Revenues: 18,104.00

Projected Expenditures: 23,192.00

Projected Revenues: 23,192.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name: statutorily required

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Public Health

Budget Number: 440

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 331,949.25

2024 Actual Expenditures: 363,141.13

2023 Actual Revenues: 191,228.25

2024 Actual Revenues: 224,702.13

BUDGET INFORMATION:

Budgeted Expenditures: 356,513.00

Budgeted Revenues: 166,236.00

YTD Expenditures: 183,372.11

YTD Revenues: 140,164.87

Projected Expenditures: 275,058.16

Projected Revenues: 166,236.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action: Many programs in PH are statutorily required.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



27

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Reproductive Health

Budget Number: 446

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 63,331.39

2024 Actual Expenditures: 60,609.57

2023 Actual Revenues: 85,794.12

2024 Actual Revenues: 87,302.17

BUDGET INFORMATION:

Budgeted Expenditures: 50,617.00

Budgeted Revenues: 50,617.00

YTD Expenditures: 41,555.83

YTD Revenues: 41,024.65

Projected Expenditures: 61,536.97

Projected Revenues: 61,536.97

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action: Any overage in this account will fall to general PH funds.

Account Number/Name:

Reason for Concern: statutorily required

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



28

THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Senior Centers

Budget Number: 410

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 16,331.55

2024 Actual Expenditures: 16,615.00

2023 Actual Revenues: 4,781.55

2024 Actual Revenues:

BUDGET INFORMATION:

Budgeted Expenditures: 16,845.00

Budgeted Revenues: 0

YTD Expenditures: 7,646.75

YTD Revenues: 0

Projected Expenditures: 11,470.13

Projected Revenues: 0

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: **HHS** Month of Report: **August 2025**

Budget Name: **Service Management** Budget Number: **413**

Name & Title of Person Preparing This Report: **Ashley Nelson, CSW, Director HHS**

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: **133,679.58** 2024 Actual Expenditures: **145,697.56**

2023 Actual Revenues: **46,382.58** 2024 Actual Revenues: **43,769.56**

BUDGET INFORMATION:

Budgeted Expenditures: **121,415.00** Budgeted Revenues: **25,000**

YTD Expenditures: **74,086.67** YTD Revenues: **28,078.00**

Projected Expenditures: **111,130.00** Projected Revenues: **28,078.00**

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Source

Budget Number: 412

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 1,460.52

2024 Actual Expenditures: 1,687.19

2023 Actual Revenues: 4,052.52

2024 Actual Revenues: 3,069.92

BUDGET INFORMATION:

Budgeted Expenditures: 3,200.00

Budgeted Revenues: 3,200.00

YTD Expenditures: 1,050.29

YTD Revenues: 1,756.62

Projected Expenditures: 3,200.00

Projected Revenues: 3,200.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Temporary Assistance

Budget Number: 468

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 0

2024 Actual Expenditures: 0

2023 Actual Revenues: 0

2024 Actual Revenues: 0

BUDGET INFORMATION:

Budgeted Expenditures: 0

Budgeted Revenues: 18,020.00

YTD Expenditures:

YTD Revenues: 194.00

Projected Expenditures:

Projected Revenues:

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern: Need to work with finance on moving these funds. Account is not used.

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT

32



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Vehicle Trust

Budget Number: 418

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 19,107.00

2024 Actual Expenditures: 960.35

2023 Actual Revenues: 14,862.33

2024 Actual Revenues: 6,729.25

BUDGET INFORMATION:

Budgeted Expenditures: 0

Budgeted Revenues: 0

YTD Expenditures: 0

YTD Revenues: 4,487.44

Projected Expenditures: 0

Projected Revenues: 4,487.44

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Veteran Services

Budget Number: 480

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 99,159.21

2024 Actual Expenditures: 117,527.29

2023 Actual Revenues: 18,488.21

2024 Actual Revenues: 29,321.94

BUDGET INFORMATION:

Budgeted Expenditures: 98,386.00

Budgeted Revenues: 12,188.00

YTD Expenditures: 54,427.49

YTD Revenues: 12,853.00

Projected Expenditures: 87,641.24

Projected Revenues: 12,188.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name: 250-47-54701-280 Vet transportation

Reason for Concern: Assisting vets with trips to medical appointments

Plan of Action: VSO looks for alternative resources if possible, however, not many options for rural vets.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: Veteran Services Commission Budget Number: 482

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 300.00

2024 Actual Expenditures: 150.00

2023 Actual Revenues: 900.00

2024 Actual Revenues: 755.00

BUDGET INFORMATION:

Budgeted Expenditures: 500.00

Budgeted Revenues: 500.00

YTD Expenditures:

YTD Revenues: 571.00

Projected Expenditures:

Projected Revenues: 571.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: WI Works (W2)

Budget Number: 464

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures:

2024 Actual Expenditures:

2023 Actual Revenues:

2024 Actual Revenues:

BUDGET INFORMATION:

Budgeted Expenditures: 9,000.00

Budgeted Revenues: 9,000.00

YTD Expenditures:

YTD Revenues: 458.23

Projected Expenditures: 9,000.00

Projected Revenues: 9,000.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: WHEAP

Budget Number: 467

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 44,381.38

2024 Actual Expenditures: 66,332.43

2023 Actual Revenues: 44,381.38

2024 Actual Revenues: 66,332.43

BUDGET INFORMATION:

Budgeted Expenditures: 60,015.00

Budgeted Revenues: 60,015.00

YTD Expenditures: 32,900.73

YTD Revenues: 28,644.79

Projected Expenditures: 60,015.00

Projected Revenues: 60,015.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS

Month of Report: August 2025

Budget Name: WIC

Budget Number: 445

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 159,303.79

2024 Actual Expenditures: 170,888.07

2023 Actual Revenues: 149,921.79

2024 Actual Revenues: 158,613.07

BUDGET INFORMATION:

Budgeted Expenditures: 184,305.00

Budgeted Revenues: 153,060.00

YTD Expenditures: 97,438.91

YTD Revenues: 42,711.50

Projected Expenditures: 146,158.37

Projected Revenues: 153,060.00

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name: statutorily required

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

BUDGET REPORT



THIS FORM IS TO BE COMPLETED MONTHLY BEGINNING IN MAY (OR SOONER IF BUDGET CONCERNS ARISE) BY EACH DEPARTMENT AND SUBMITTED FOR REVIEW TO THE OVERSIGHT COMMITTEE.

The Oversight Committee shall approve and forward the report to the Finance Committee for monthly review and final approval.

Department: HHS Month of Report: August 2025

Budget Name: Youth Aids Budget Number: 471

Name & Title of Person Preparing This Report: Ashley Nelson, CSW, Director HHS

HISTORICAL BUDGET INFORMATION:

2023 Actual Expenditures: 212,036.38 2024 Actual Expenditures: 208,460.36

2023 Actual Revenues: 212,036.38 2024 Actual Revenues: 208,460.36

BUDGET INFORMATION:

Budgeted Expenditures: 212,497.00 Budgeted Revenues: 212,497.00

YTD Expenditures: 71,954.76 YTD Revenues: 45,647.31

Projected Expenditures: 107,932.14 Projected Revenues: 68,470.96

GL ACCOUNTS OF CONCERN: Check if no concerns.

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

Account Number/Name:

Reason for Concern:

Plan of Action:

OTHER INFORMATION:

Please detail any other information relevant to departmental budget outlook. Attach additional sheets if needed.

Youth Justice services are statutorily required.

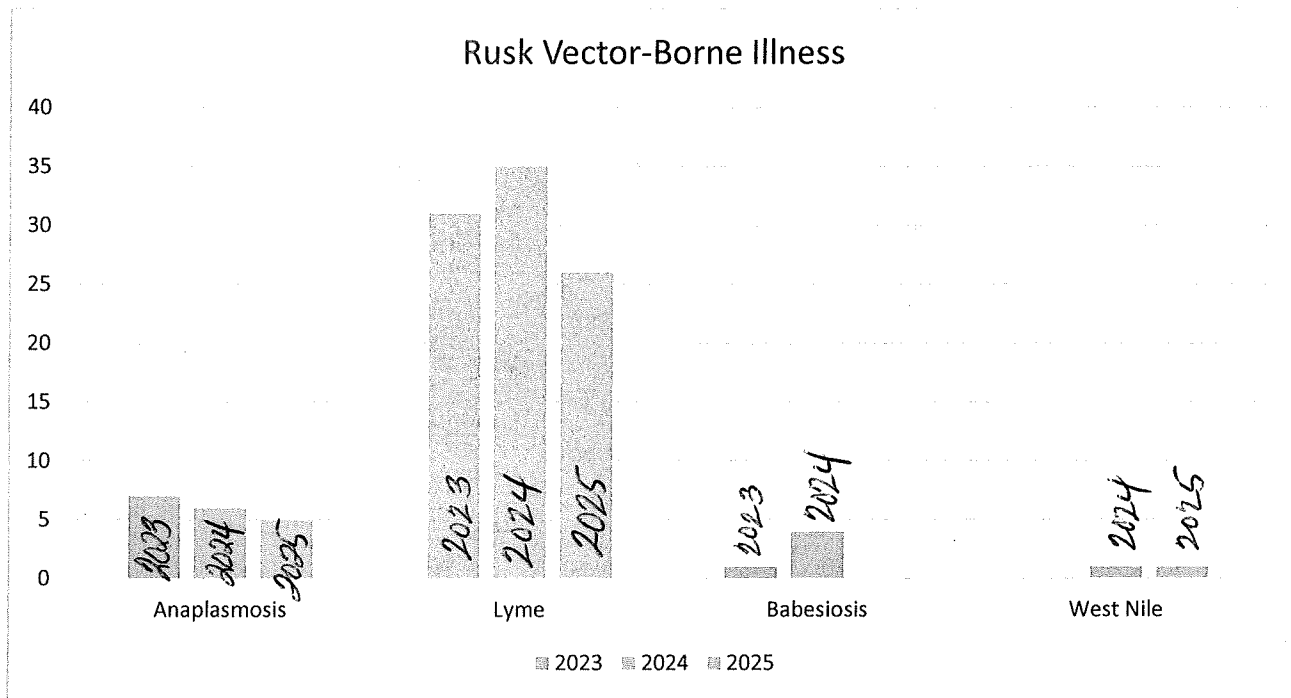


PUBLIC HEALTH
PREVENT. PROMOTE. PROTECT.

July- August 2025 Report

Communicable Disease

- We continue to see a steady rate of diseases related to mosquitos and ticks (vector-borne diseases). Rusk County had a confirmed case of West Nile Virus in August. This is a mosquito born illness that does not spread from person to person, or person to animal. In relation to the previous two years, we are seeing similar numbers. 2025 may see a few more cases yet to come in, but these diseases typically fall off once we have a good frost.



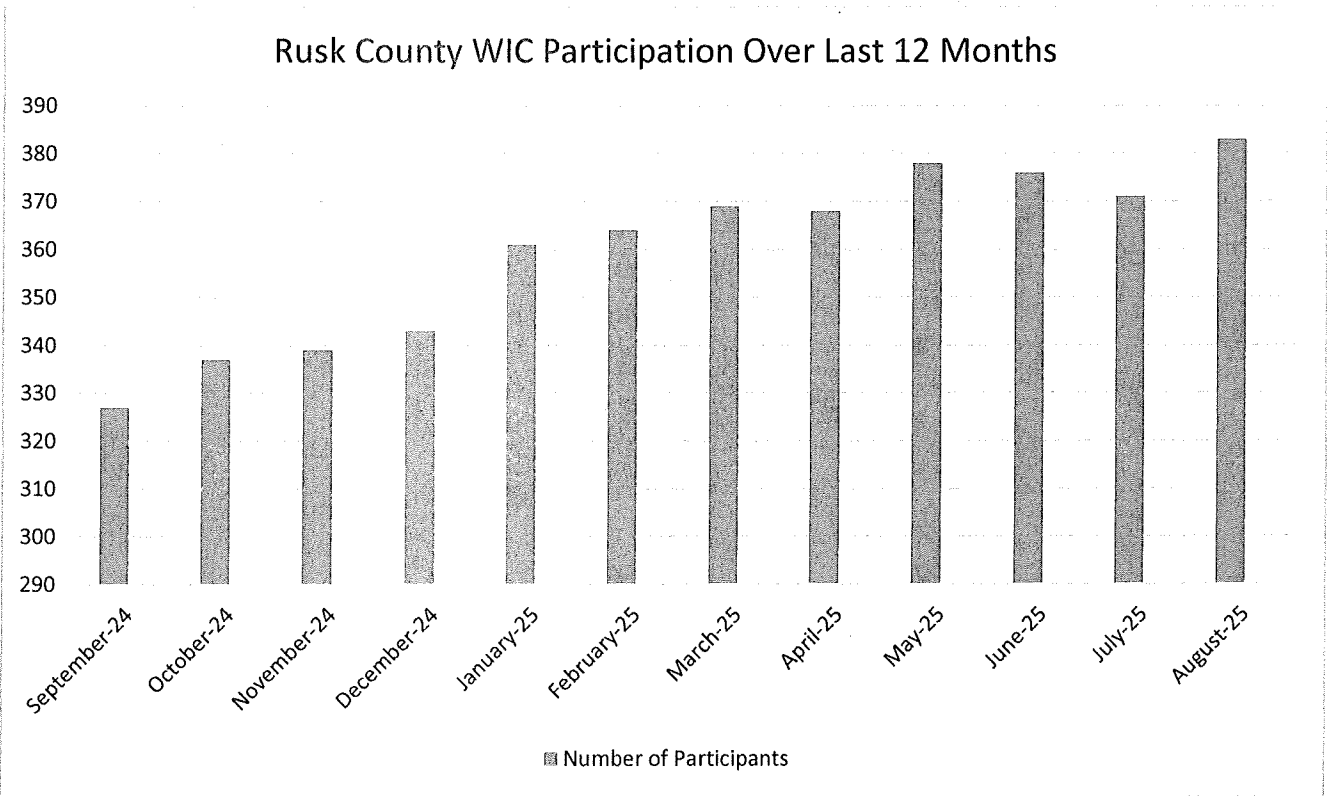
- We have not had any suspected measles cases yet this year. Measles has an incubation period of 10-14 days after exposure. The first MMR vaccine is not recommended until a child is twelve to fifteen months old. Children too young for vaccination or who are unvaccinated are at risk if exposed. In Rusk County, only 73% of 24-month old's have received their first dose of MMR. (State average is 81.4%.) We continue to coordinate with WIC to encourage immunizations and offer them in office. Children who are uninsured, insured through Wisconsin Medicaid/ BadgerCare, or Native American or Alaskan Inuit can receive all recommended childhood immunization at Public Health at no charge through the Vaccines for Children program.

Rusk County Public Health July- August 2025 Report

- We have applied for a grant through the RICE (Routine Immunization Through Community Engagement) Grant, but many counties and community group apply and it will be very competitive this year. If we do receive it, this would allow us to focus additional staff time and resources on even more outreach in our county.
- Rabies is something we are always monitoring for. Cases are rare nationwide, but nearly always fatal if not treated before symptoms begin. We sent an animal specimen to the State Lab of Hygiene in August. The sample was negative. We continue to work closely with the Rusk County Animal Shelter on these cases to coordinate things like quarantining and health monitoring of animals who have bit someone when needed.

Women Infant Children Program

- WIC numbers continue to grow. Looking at the graph below, you can see how client numbers have increased over the last twelve months. The caseload is up about 17% from last year at this time.



- The Farmers Market Nutrition Program got off to a slower start since funding wasn't approved and checks weren't sent to the office until July, but we have issued \$4,525 worth so far (each person who qualifies receives \$25) so 181 of participants have received their checks so far this year.

Rusk County Public Health July- August 2025 Report

- WIC was present at the ICAA Family Resource Center's First Birthday Party in August. Kayla, our program manager/ registered dietician, and Cody, our breastfeeding peer counselor were able to attend. They were there to promote breastfeeding and nutrition and reach out to families that attended.

Reproductive Health

- Talhia, the nurse who manages our reproductive Health program. currently has thirty-two active clients for birth control needs. Clients have to come in to the office at least yearly for an annual visit. They often reach out more frequently with questions and concerns. Most of the clients are covered under Wisconsin Medicaid/ BadgerCare or the Medicaid Family Planning Only Services (FPOS) program. A few clients are seen on a sliding scale income-based cost. These clients do not qualify for Medicaid/ BadgerCare or FPOS.
- We still are offering Visby in house STI tests for chlamydia, gonorrhea, or trichomoniasis. These provide results in about half an hour. For clients who do not want to test via Visby or do not qualify, we can collect urine samples for processing through the state lab of hygiene. We also offer urine pregnancy testing and prenatal vitamins at no cost.
- Funding for the reproductive health program is typically allocated out by the state to each program based on population size, but for 2026 we are required to request grant funding, which we are not guaranteed to receive. We plan to apply and hope to continue to the program and offer all the services we currently offer.

Maternal and Child Health

- Amanda, one of our nurses, had a very successful first Red Cross Baby Sitting class. She had seven students take the class and get certified in August.
- The Family and Children Wellness Committee continues to meet monthly and look for ways to reach families with small children in our community. The Summer Activity Challenge was popular and we got a lot of great feedback from that. We continue to send out vouchers each month to all Rusk County families that have a new baby and then the voucher can be brought to the WIC office, Choices, Bruce Library, Hawkins, Library, or arranged with ICAA's Family Resource Center and families are given their new baby welcome bag. We are seeking quick feedback via a very short online survey from families who get the bag to assess that we are putting needed items in and determine if there are ways we could be improving them.
- Talhia continues to offer car seat safety checks, and be available for questions.
- Talhia and Kaylee participated in National Night Out in August and we had a lot of visitors to our table.

Rusk County Public Health July- August 2025 Report

Community Health Improvement Plan

- The CHIP continues on. Kaylee had two participants for the first Mental Health First Aid class. The class was small, but engaged and it was really a good experience. We will try to offer it again in the future.
- The last week in August we had a community talk and kayak time at Memorial Park. It was great weather, but not as many participants as we were hoping. Beaver Creek Reserve in Altoona is willing to bring kayaks next year which would make the event more accessible to those without their own kayaks.
- We are planning a fall hike at Sisters Farm in early October.
- We are trying to update the Mental Health Resource guide found on the county website as a lot of the information is outdated. This process is time consuming because it requires verifying each individual entry and updating them.
- The biggest barrier continues to be to get people to take that first step and come out to events. The CHIP committee continues to look for ways to reach more people and encourage involvement.

Full Agent/ Environmental Health

- The new licensing year started July 1, 2025. These are the licenses for places that serve food, campgrounds, hotels, motels, short term rentals like AirBNBs, etc. Most license holders paid on time and staff have been reaching out to the few that haven't to get everyone up to date.
- The State is still working Chapter 72 of Wisconsin Administrative Code for lodging. We anticipate this will bring changes in requirements and fee structure, but are not sure what all that will entail at this point,
- Water lab is always busier in the summer due to bacteria testing of drinking water for campgrounds and seasonal businesses before they open for the season, coordinated testing for short term rentals in conjunction with their inspections, and beach water testing for Memorial Park and Trails End. (Beaches are tested for bacteria levels every week from Memorial Day to Labor Day). We are getting back to our normal levels now which are steady.

This is just a short snapshot of some of what we are currently doing at Rusk County Public Health. It is not a complete list. If you have any questions or want more information on any of our work, please feel free to reach out at any time. My office number is 715/532-2227.

Respectfully submitted by Kaylee Bugbee, Health Officer, September 3, 2025

**Rusk County Department of Health and Human Services
Aging & Disability Resource Center**

Nutrition Meeting

Nutrition Services held its regular quarterly- meeting April 24, 2025 following the ADRC Committee meeting that starts at 1:00 pm.

PRESENT: Kathy Walthers, Fawn Armstrong, Mark Schmitt, Marlene Tuma,, John Smatlak, Richard Tuma, Mike Russell, Michelle Seator, Alice Kesan, Shannda Ladwig, Mary Sue Timmerman Mary Schneider, Michelle Niles

EXCUSED:, Lisa Strop, Angie Harvey,

1. Call meeting to order 1:36 pm by M. Schmitt
2. Approval of minutes from previous meeting. M. Tuma, A. Kesan.
3. Public input
4. Senior Services
 - a) Employee Status- no changes, hired new Hawkins site manager.
 - b) Meal Prioritization and contact services- Contact Services: county would have paid more with the contact services. Meal Prioritization: still being worked on.
5. Other Updates
 - a. Dining at 5- K. Walthers now no longer being down at the event M. Bentley taking over. Looking ahead to budgets. Depending on were the meal prioritization and budget takes us we might need to have a waiting lists for the meal.
 - b. Ensure- Two increases in price March and April due to company cost and lack of ability to get the product.
6. Motion to adjourn: M. Tuma, M. Timmerman 1:51 pm

Next Meeting date is **Thursday August 21, 2025** following 1:00 p.m. LEC

2025 Quarterly meetings Following 1pm ADRC Committee meeting: (April 24 LEC, August 21, October 16, Dec 18 -Potluck 12:30pm)

This minutes were prepared by Kathy Walthers, Program Manager of the ADRC under direction of Mark Schmitt, committee chair.

Rusk County Department of Health and Human Services
Aging & Disability Resource Center
Advisory Committee Meeting

The Rusk County Aging & Disability Resource Center Board held its bi-monthly meeting on June 19, 2025 at 1:00

PRESENT: Kathy Walthers, Michelle Niles, Lisa Strop Mark Schmitt, John Smatlak, Michelle Seator (MMC), Mary Sue Timmerman, Mary Schneider, Ashley Nelson

EXCUSED: Angie Harvey, Mike Russell, Richard Tuma, Marlene Tuma Alice Kesan, Shannda Ladwig,

1. Call meeting to order M. Schmitt 1:00 pm
2. Approval of minutes from previous meeting. M Schmitt motion, J Smatlack seconded.
3. Public Comment- (MMC) Michelle Seator-Discussed what they offer through Sanford Health. Handed out booklet.
4. HHS- County is recruiting for a DBS position. CLTS position-County was waiting for individual to start the new position, but they chose to take a different position somewhere else. County will re-advertise position. Children and Family are currently fully staffed. Chapter and mental health calls are on the rise. Ashley Nelson, Rich Green and Chris Soltis met with school district this morning. They talked about what the county can offer for services. Staff spotlight is something new that Ashley Nelson has started. It's a positive way to showcase the employees to one another.
5. Aging & Disability Resource Center/Senior Services
 - a) ADRC
 - i. Advocacy Day: Aging Advocacy Day Follow Up-Went well. Good discussions with representatives. ADRC Management met with Tammie Baldwin representative in Barron.
 - ii. ADRC Positions Status update-EBS position-Waiver came back for EBS position and Lisa Strop took the position. Mary Timmerman question about scamming. Mary Schneider would like an update on the Greenwood Manor situation. Ashley gave an update. Kathy Walthers gave update on the housing applications and reviewing them for Long term Program. Discussion of Lighthouse Time Out Shelter crisis.
 - iii Health promotion updates: Stepping On-Front of the source. Class to start in July. Maybe extra funding.
 - iv Peer Place and Data Entry- We are still figuring this out on the I &A side. State is adding something new every month to report on. DBS/EBS/Aging entry is going well.
 - b) Aging
 - i. Staff Updates-Position at Hawkins site was filled by Tonya Gryga. She has been there about 3 weeks.
 - ii. Commodities-6 people from Greenwood Manor were receiving commodities. 2 have gone off. Some have moved out of the area or moved into a facility. Total of 96 people receiving commodities at this time.

- iii. SFMNP-It is now a nutrition program-started with 168 vouchers. The value is less. It was \$45 now it is \$25. Once a season, ends Oct 31. Guidelines-Must be Over 60, meet income guidelines, and live in Rusk County. Kathy Halbur and Kathy Walthers went to the Outreach Sites. Gave out 80 vouchers in one day going around the county. 19 left. Vouchers were also given out at the Farmers Market. We can do a wait list if we run out.
- c) Other
 - i. Reminder all meetings will now be at the LEC at 1 PM.
 - ii. Other updates-Annual Jump River Electric Independence Your Way event is June 23, 25 on 9:00 am to Noon.

Adjourned: Motion to end meeting: M Schmitt 1:51 pm

Next meeting date is Thursday, August 21, 2025, 1:00 pm LEC

2025 Bi Monthly (Feb 20, April 24, June 19, August 21, October 16, Dec 18-Potluck 12:30 pm)

This agenda was prepared by Kathy Walthers, Program Manager of the ADRC under direction of Mark Schmitt committee chair.

C under direction of Mark Schmitt committee chair.