

Purpose of Form

Form 10AD012E is used in payment for:

- foster care provided by Oklahoma Department of Human Services (OKDHS) foster homes for purchase of foster care services and from other agencies and institutions from Child Welfare funds;
- any time Title XX Emergency funds are used for payment of a child's first 30 days or any part thereof in foster care;
- physical examinations necessary to confirm or rule out alleged child abuse/neglect when parents or other responsible person refuses to pay for such examinations or to apply for medical assistance (Title XIX), or when the family has been determined ineligible for medical assistance but are unable to pay for the examination;
- office rent;
- abstractor's reports;
- notary public commissions;
- repair of equipment;
- Supplemental Security Income - Disabled Children's Program (SSI-DCP); and
- other items for which invoices cannot conveniently be secured. If an invoice **can be secured**, it is used instead of Form 10AD012E. See Form 10AD006E, Travel Claim, for claim for travel and subsistence, and Form 10AD122E, Service Invoice.

Instructions

Form 10AD012E is signed by the claimant. Claims for foster home care are prepared by the local staff responsible for the foster care case.

Date. Enter on the date line the month, day, and year the claim is prepared.

Payee. Enter the name of the individual, organization, or firm to whom OKDHS is indebted. The name must be typed in the same form that the signature of the claimant is written. The federal employer identification (FEI) or Social Security number is included on this line.

Address. Enter the full mailing address of the individual, organization, or firm whose name appears on the previous line.

Purchase/services date. Enter the period covered by this claim. Omit dates in this column if claiming for foster home care.

Quantity. No entry is made if claiming for foster home care.

Description of article or service. The exact nature of the service for which the claim is made is entered in this section. If claim is for foster home care, identifying information includes the child's name, date of birth, race, gender, case number, dates care provided, and total number of days claimed. Indicate at the top of the form if payment of foster home care is through Title XX emergency funds. If claim is for home maintenance aide services, identifying information

includes the client's name, date of birth, case number, dates services provided, and total number of days claimed.

Unit price. Enter unit price. On foster home care claims, include the daily rate of pay for the child being claimed, if for a portion of a month. If payment is for an entire month's care, give the monthly rate of pay.

Amount claimed. After all entries have been made in this column, the total amount is shown at the end of the column.

Authorized approval. When the claim is complete, the county director, area director, or their designee signs the form, and enters his or her title and county name.

Acknowledgment. The date of signature and acknowledgment is not prior to the end of the period being claimed. If the claim period for foster home care ends on the 15th of the month and that date falls on a Sunday, the date of signature and acknowledgment is on the 16th rather than the 14th.

No entries are made in the section below the notary's or other public official's acknowledgment of the form.

Routing

For payment for goods or services, other than exceptions below, original and two copies of Form 10AD012E are submitted by the local office to the Finance Division.

The form is prepared and submitted to the Finance Division with the correct number of copies for:

- repairs - four;
- rent - three;
- labor - three;
- telephone - three;
- authorized physician's examination - three;
- bus travel - three;
- foster home care - four;
- freight and drayage - three;
- supplies - three;
- physicians examinations involving alleged child abuse/neglect - three; and
- medical services - three.

One copy of Form 10AD012E is retained in the local office files.