



**Summary of
 Invoice for CINS/FINS Services (Non-Title IV-E) for the period:
 10/01/2006 to 11/01/2006**

Confidential

Invoice Date: 10/30/2006

Florida Network of Youth and Family Services

Screenings for the month:	0	Number of staff vacancies greater than 60 days: _____
Total number active at beginning of the month:	24	
Total number admitted during the month:	0	
Total number of terminations during the month:	0	Number of volunteer hours this month: _____
Curently Active:	24	

Provider's Authorized Representative:

I certify that the above is a true and accruate accounting of services provided.

 Signature

 Date

 Name (please print or type)

 Title

Please verify the contents of this report and fax this last, signed summary page(s) to the Florida Network of Youth and Family Services at (850) 921-1778