## EXHIBIT D-1

## DOMESTIC VIOLENCE SUPPORTIVE SERVICES Case Management Invoice

CONTRACTOR NAME:									Select One:														CONTRACT TYPE:													
ADDRESS:										CalWORKs and GAIN Participants											SERVICE MONTH/YR:06/01/2012															
CONTRA	CONTRACT NUMBER:												GR Pa	Participants													I	ΓΟΤΑΙ		ITRA(	CT SU	JM:				
CONTRA SUPERV	GROW Participants												BEGINNING BALANCE:																							
First Initial of Client's First Name		DPSS CASE NUMBER	INTAKE DATE	LAST DATE RECEIVED SERVICE	EXIT DATE		SERVICE ASSESSMENT		SERVICE PLAN		SAFETY PLAN		COUNSEL ING		LICENSED THERAPY		SUPPORT GROUP		LIFE SKILLS ED INDIVIDUAL		LIFE SKILLS ED GROUP		DV ED CLASS		SHELTER BED NIGHT (up to 4 persons)	additional persons (not to exceed 4 more)		CHILD YOUTH ACTIVITY	Translation	Services (Actual Cost)		GAIN Orientation Presentations		OUTREACH SERVICES	14 202	IOIAL
			RATES	5		#	\$ 110	#	\$80	#	\$ 70	#	\$85	#	\$ 125	#	\$ 50	#	\$75	#	\$ 50	) #	\$ 50	#	\$65	\$15	#	\$10	#	l i	#	\$75	#	\$ 1,000		
1 м	1980	12345CW	01/05/2012	2 03/31/2012	1		\$-		\$-		\$-	1	\$85	1	\$ 125	4	\$ 200	2	\$ 150	2	\$ 100	2	\$ 100				+			$\rightarrow$			┝─┤		\$	772
2 J	1975	98765CW	03/08/2012	, ,		1	\$ 110	1	<b>\$</b> 80	1	\$70		s -		\$ 250				s -		\$ -		\$-				$\square$			$\neg$			$\square$		\$	616
2 5	1975	9876507	03/08/2012				\$ 110		\$ 60	1	φ 70		φ -	2	\$ 20U	2	\$ 100		ф -		φ -		φ -							$\square$					φ	010
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SUB-TOTA	LS FOR THI	IS SERVICE PI	ERIOD:			T	+					I							 	1				I						-	<u> </u>		H			
TOTAL YEA	ontractor's Authorized Representative's Signature: Date: Date:Date:Date:Date:Date:													•	TOTAL INVOICE AMOUNT: YTD CONTRACT BALANCE: Have you incurred 75% of the contract amount? YES or NO																					
		-		DBCC			_													1										_				_		
Footnote:DPSS# indicates the number of service units per participant. This # will be multiplied by theONLY							Y CMD	):					Contra	ct Con	tract Ad	minist	rator		Date		APPF FMB:		D BY		Fiscal Management Branch Date								ate			
	Supervising Contract Administrator Date												Date																							

## DOMESTIC VIOLENCE SUPPORITVE SERVICES Legal Services Invoice

CONTRACTOR N ADDRESS:	-			Select		ORKs ar	s and GAIN Participants OF WORK BE																		
CONTRACT NUM	IBER:			-				GR Pa	rticinar	nte						TOTAL CONTRACT SUM:									
CONTRACT PER	IOD:			-					•							BEGINNING BA									
SUPERVISORIAL DISTRICT:				GROW Participants																					
First Initial of Client's First Name	Year of Birth	DPSS CASE NUMBER	INTAKE DATE	LAST DATE RECEIVED SERVICE	EXIT DATE		FAMILY	LAW	RES	TRAINING	G ORDER		IMMIGRAT	FION LAW		BENEFITS ACCESS ASSISTANCE/ ADVOCACY		ASSI	ER LEGAL ISTANCE RVICES		Translation Services		TOTAL		
			ssional Rate Per Hour ttorney Rate Per Hour			#	\$ \$	80.00 130.00		\$ \$	80.00 130.00	#	\$ \$	80.00 130.00	#	\$ 80.00 \$ 130.00		\$	80.00 130.00	"	Actual Cost Actual Cost				
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2 м	1090	12345CW	01/05/2012																			\$			
	1900	1234367	Para Professional Licensed Attorney			10	\$ \$	800.00							3	\$ 240.00						\$	1,040.0		
3 ј	J 1975		03/08/2012			-	φ	130.00	-			-								+		φ	130.0		
			Para Professional			-									2	\$ 260.00				<u> </u>		\$	260.0		
4			Licensed Attorney			-			2	\$	260.00	4	\$	520.00								\$ \$	780.0		
4			Para Professional						1											<u>т</u>		\$	-		
			Licensed Attorney																			\$	-		
5							T T			r		r –	1			1	<u>т</u>	r				\$	-		
			Para Professional Licensed Attorney			•							.+			+		+				\$	-		
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			Para Professional																			<u> </u>			
7			Licensed Attorney																			\$ ¢	-		
'			Para Professional																			φ			
			Licensed Attorney	,																		\$	-		
SUB-TOTALS FOR TH TOTAL YEAR-TO-DA		PERIOD:														TOTAL INVOICE AN	NOUNT								
																YTD CONTRAC			:						
Contractor's Aut	horized Rej	presentati	ve's Signature:			Date			_																
Person Completi		Date:					Have you incurred 75% of the contract amount?													Y or N					
_	-								_								_								
Footnote: # indicates the nur		APPROVED BY:												APPROVED BY											
This # will be multi		DPSS ONLY				С	ounty Con	tract	Administra	ator		Date	FMB			Fiscal	Management Branch	Date							
			Invoice Pro	ocesse	ed By:			Superv	ising Cou	nty Co	ontract Administrator			Date											