



Iowa Department of Human Services

Kim Reynolds
Governor

Adam Gregg
Lt. Governor

Jerry R. Foxhoven
Director

MENTAL HEALTH INSTITUTE
INDEPENDENCE, IOWA

FACSIMILE TRANSMISSION
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TO: Iowa Ethics and Campaign Disclosure Board

Des Moines, Iowa 50319

FAX: 515-281-4073

FROM: Valerie Stanford

MHI-Independence, Phone: 319-334-5282

Number of pages (including transmission sheet): 4

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COMMENTS: _____

Monthly Volunteer Report for:

For month of :

May

Independence Mental Health Institute, Independence, Iowa 50644

use this form for monthly reporting

submit report monthly (by end of following month)

to Iowa Ethics and Campaign Disclosure Board

Fax number 515-281-4073

1. # of Individuals registered as DHS Volunteers	2018	49						
2. # of Groups registered as DHS Volunteer Groups		7						
			3. Total # Volunteers Active This Month	4. Total # Hours Active This Month	5. Cumulative Hours to Date	6. # Clients Served -- Adults 18 to 59	7. # Clients Served -- Adults 60 or older	8. # Clients Served -- Children 0 to 17*
a. Individual Volunteers - providing direct Service to clients/residents		0	0	0	0			
b. Individual Volunteers - providing Indirect Service, i.e., clerical assistance, etc.		1	10	135				
c. Individuals in Groups Direct Service to clients/residents		3	4	58				
d. Individuals in Groups Indirect Service i.e., clerical assistance, etc.		0	0	0				
e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)		10	16	184				
TOTAL		14	30	377	35	8	23	

* new federal reporting requirement

Report completed by: Diane Wessels

06/04/2018

Monthly Donation Report
Non Profit

May 2018

DATE	REF #	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
			BEGINNING BALANCE	\$36,266.11		
05/03/2018	8005	UPF	Capitol Vending	pt use		\$30.00
05/09/2018	8006	UPF	Capitol Vending	pt bday		\$5.00
05/16/2018	8007	UPF	Capitol Vending	pt card prty		\$15.00
05/30/2018	8008	UPF	Capitol Vending	pt bday-2		\$10.00
			TOTALS		\$0.00	\$60.00
			ENDING BALANCE	\$36,206.11		

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health Institute

Region _____ County Buchanan

May 2018
Month/Year

Name of person completing report Val Stanford Title Accounting Clerk II

Date	CONTRIBUTOR <small>(Name & Address if Available)</small>	Contribution	\$ Value	Check type		Purpose — If Specified
				Cash	In-Kind	

Total value of this page: \$0.00

Total value of pages 1 thru 2: \$0