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Department:	HHSA / CS		Name: Address:		Home Care LLC press Trail, Ste 1
Dept. Contact: Phone #:	Heather Longo X7373	<u></u>	Auuress.	Pollock Pines,	
Department	<u></u>	1-1-1	Phone:	530-647-0266	
lead Signature:	(Since)	VI, Bon			
loud olghaidi ol	Daniel Nielson, M	I.P.A., Director			
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	ed: <u>Home health (</u> 6/26/11 – 6/25/14				\$50,000
	Human Resources	requiremente	Ministry and a second	8/28/12	<u>\$50,000</u> No:
	fied by: Mike Strel			_ 0/20/12	
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Contracts Review/date Rev. 12/2000 (GS-GVP)

114/12 Kunda (1) shb 7 Contracts Mgr Review/date

Internal Contract No: Index Code: 541-1110, A1 531301

CONTRACT ROUTING SHEET

Date Prepared:	7/17/12	Need Date:	7/31/12	· _
PROCESSING DI Department: Dept. Contact: Phone #: Department	EPARTMENT: HHSA / CS Amy Higdon 4836	Address: 609 Polle	R: 5 elping Hand Home 2 2 Pony Express Trái ock Pines, CA 95726 -647-0266	l, Ste 1
Head Signature:	Daniel Nielson, M.P.A., Director	_		5 T.EPT
Service Requeste Contract Term: _6 Compliance with I	DEPARTMENT: <u>Health and Huma</u> d: <u>Home health care to clients on a</u> 5/26/11-6/25/14 Human Resources requirements? ed by: <u>Mike Strella with original con</u>	an "as requested" Contra Yes		
COUNTY COUNS Approved:		d MOU's) ate: <u>7-75</u> ate:	<u>-12</u> Ву:И Ву:	lim
			רי	
RISK MANAGEM Approved:			rant funding agreeme	
	Disapproved: D		By: RISK MA	NAGER O COUNTY
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OTHER APPROV Departments:	/AL: (Specify department(s) particip	ating or directly a	affected by this conti	ract).
•		ate:ate:	By: By:	
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Contracts Review/date

Contracts Mgr Review/date

Contract #: <u>541-S1110</u>

CONTRACT ROUTING SHEET

Date Prepared:	5/9/11	Need Date: 5	5/23/11
PROCESSING DE Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: Human Services Amy Higdon x4836 Amy Mulan Daniel Nielson, Director	Address: 6092 Pollo	ing Hand Home Care, LLC Pony Express Trail, Ste 1 ock Pines, CA 95726 647-0266
Contract Term: _6 Compliance with H	d: Home health care to clients on a	n "as requested" l itract Value: Yes: Yes	NTE \$50,000 No:
COUNTY COUNS Approved:	EL: (Must approve all contracts and Disapproved: Da Disapproved: Da	te: <u>(-17-</u>	By: By: COULTE
Approved:	ENT: (All contracts and MOU's exce Disapproved: Da Disapproved: Da	te: <u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u>	

Please call Amy Higdon at x4836 to pick up. Thanks!

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract). Departments:

Approved:	Disapproved:	Date:	Ву:
Approved:	Disapproved:	Date:	Ву: