WEST VIRGINIA BUREAU OF SENIOR SERVICES
LIGHTHOUSE/FAIR PROGRAMS COST SHARE
ACCOUNTABILITY FORM

Date: _____

Agency: _____

Period Covered: July 1, _____ through June 30, _____

1. Total Cost Share Collected for the period				_____
2. Initial Assessments	_____	X	$ 35.00	$ 0.00
3. Annual Reassessments	_____	X	$ 35.00	$ 0.00
4. Total of Lines 2 and 3.				$ 0.00
5. Balance (Line 1 - Line 4)				_____
6. Previous Fiscal Years' Balance				_____
7. Lighthouse Units Provided w/CS	_____	X	$ 16.00	$ 0.00
8. In-Home FAIR Units Provided w/CS	_____	X	$ 14.00	$ 0.00
9. Congregate FAIR Units Provided w/CS	_____	X	$ 8.00	$ 0.00
10. Unexpended Balance (5+6-7-8-9)				$ 0.00

Signature _____

Title _____

Phone _____