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FY 2012-13 Bank Account and Transparency Accountability Report  
FY 2013-14 Appropriation Act, Proviso 117.91

Agency Name/Number: S.C Department of Disabilities and Special Needs/J160  
Account Name: Client Funds - Acct No \_\_\_\_\_ (Direct Deposit)  
Purpose of Account: Client Funds

Exemption Requested:  Yes  No

If exemption is requested, reason: Previously grant 3/6/12

Exemption Approved Last Year:  Yes  No

RECEIVED

SEP 30 2013

Authorized Personnel

Check Writing/Withdrawal:

Name: Nancy Hall  
Title: Facility Administrator

OFFICE OF STATE BUDGET

Name: Kim Layton  
Title: Director of Finance - Midlands

Reconciliation:

Name: Kim Layton  
Title: Director of Finance

Name: Michelle Blanchfield  
Title: Fiscal Analyst III

Financial Information

Beginning Balance at July 1, 2012: 20,202.99

Detailed Transactions During FY 2013:

Deposits (Please list each deposit separately. Add lines as needed.)

DATE	Amount	Source
7/1/12-6/30/13	1,798,679.77	Summary of Deposits

**Withdrawals:** (Plese list each withdrawal separately. Add lines as needed)

<b>DATE</b>	<b>Amount</b>	<b>Payee</b>	<b>Description of Goods/Services Purchased</b>
7/1/12-6/30/13	1,818,876.49		Summary of Expenditures

**Ending Balance at June 30, 2013:**

6.27

**FY 2012-13 Bank Account and Transparency Accountability Report  
 FY 2013-14 Appropriation Act, Proviso 117.91**

**Agency Name/Number:** S.C Department of Disabilities and Special Needs/J160  
**Account Name:** Midland Center - Acct No \_\_\_\_\_ (Operating)  
**Purpose of Account:** Client Funds

**Exemption Requested:**  Yes  No  
**If exemption is requested, reason:** Previously grant 3/6/12

**Exemption Approved Last Year:**  Yes  No

**Authorized Personnel**

**Check Writing/Withdrawal:**

**Name:** Nancy Hall  
**Title:** Facility Administrator

**Name:** Kim Layton  
**Title:** Director of Finance - Midlands

**Reconciliation:**

**Name:** Kim Layton  
**Title:** Director of Finance

**Name:** Michelle Blanchfield  
**Title:** Fiscal Analyst III

**Financial Information**

**Beginning Balance at July 1, 2012:** 39,434.73

**Detailed Transactions During FY 2013:**

**Deposits** (Please list each deposit separately. Add lines as needed.)

<b>DATE</b>	<b>Amount</b>	<b>Source</b>
7/1/12-6/30/13	2,071,037.88	Summary of Deposits

**Withdrawals:** (Please list each withdrawal separately. Add lines as needed)

<b>DATE</b>	<b>Amount</b>	<b>Payee</b>	<b>Description of Goods/Services Purchased</b>
7/1/12-6/30/13	2,084,037.57		Summary of Expenditures

**Ending Balance at June 30, 2013:**

26,435.04

**FY 2012-13 Bank Account and Transparency Accountability Report  
 FY 2013-14 Appropriation Act, Proviso 117.91**

**Agency Name/Number:** S.C Department of Disabilities and Special Needs/J160  
**Account Name:** Midland Ctr RD - Acct No (Dedicated)  
**Purpose of Account:** Client Funds

**Exemption Requested:**  Yes  No  
**If exemption is requested, reason:** Previously grant 3/6/12

**Exemption Approved Last Year:**  Yes  No

**Authorized Personnel**

**Check Writing/Withdrawal:**

**Name:** Nancy Hall  
**Title:** Facility Administrator

**Name:** Kim Layton  
**Title:** Director of Finance - Midlands

**Reconciliation:**

**Name:** Kim Layton  
**Title:** Director of Finance

**Name:** Michelle Blanchfield  
**Title:** Fiscal Analyst III

**Financial Information**

**Beginning Balance at July 1, 2012:** -

**Detailed Transactions During FY 2013:**

**Deposits (Please list each deposit separately. Add lines as needed.)**

<b>DATE</b>	<b>Amount</b>	<b>Source</b>
7/1/12-6/30/13	-	Summary of Deposits

**Withdrawals:** (Plese list each withdrawal separately. Add lines as needed)

<b>DATE</b>	<b>Amount</b>	<b>Payee</b>	<b>Description of Goods/Services Purchased</b>
7/1/12-6/30/13	-		Summary of Expenditures

**Ending Balance at June 30, 2013:**

**FY 2012-13 Bank Account and Transparency Accountability Report  
 FY 2013-14 Appropriation Act, Proviso 117.91**

**Agency Name/Number:** S.C Department of Disabilities and Special Needs/J160  
**Account Name:** Dedicated - Acct No  
**Purpose of Account:** Client Funds

**Exemption Requested:**  Yes  No  
**If exemption is requested, reason:** Previously grant 3/6/12

**Exemption Approved Last Year:**  Yes  No

**Authorized Personnel**

**Check Writing/Withdrawal:**

**Name:** Alan Longshore  
**Title:** Claims and Claims

**Name:** Tracy Long  
**Title:** Fiscal Analyst

**Reconciliation:**

**Name:** Debbie Dettori  
**Title:** Director of Finance - Whitten

**Name:** Michelle Blanchfield  
**Title:** Fiscal Analyst III

**Financial Information**

**Beginning Balance at July 1, 2012:** -

**Detailed Transactions During FY 2013:**

**Deposits (Please list each deposit separately. Add lines as needed.)**

<b>DATE</b>	<b>Amount</b>	<b>Source</b>
7/1/12-6/30/13	-	Summary of Deposits

**Withdrawals:** (Please list each withdrawal separately. Add lines as needed)

<b>DATE</b>	<b>Amount</b>	<b>Payee</b>	<b>Description of Goods/Services Purchased</b>
7/1/12-6/30/13	-		Summary of Expenditures

**Ending Balance at June 30, 2013:**

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**FY 2012-13 Bank Account and Transparency Accountability Report  
 FY 2013-14 Appropriation Act, Proviso 117.91**

**Agency Name/Number:** S.C Department of Disabilities and Sncial Needs/J160  
**Account Name:** Direct Deposit - Acct No  
**Purpose of Account:** Client Funds

**Exemption Requested:**  Yes  No  
**If exemption is requested, reason:** Previously grant 3/6/12

**Exemption Approved Last Year:**  Yes  No

**Authorized Personnel**

**Check Writing/Withdrawal:**

**Name:** Alan Longshore  
**Title:** Claims and Claims

**Name:** Tracy Long  
**Title:** Fiscal Analyst

**Reconciliation:**

**Name:** Debbie Dectoria  
**Title:** Director of Finance - Whitten

**Name:** Michelle Blanchfield  
**Title:** Fiscal Analyst III

**Financial Information**

**Beginning Balance at July 1, 2012:** 39,194.62

**Detailed Transactions During FY 2013:**

**Deposits** (Please list each deposit separately. Add lines as needed.)

<b>DATE</b>	<b>Amount</b>	<b>Source</b>
7/1/12-6/30/13	3,419,054.19	Summary of Deposits

**Withdrawals:** (Please list each withdrawal separately. Add lines as needed)

<b>DATE</b>	<b>Amount</b>	<b>Payee</b>	<b>Description of Goods/Services Purchased</b>
7/1/12-6/30/13	3,458,243.89		Summary of Expenditures

**Ending Balance at June 30, 2013:**

4.92

**FY 2012-13 Bank Account and Transparency Accountability Report  
 FY 2013-14 Appropriation Act, Proviso 117.91**

**Agency Name/Number:** S.C Department of Disabilities and Special Needs/J160  
**Account Name:** Client Funds - Acct No  
**Purpose of Account:** Client Funds

**Exemption Requested:**  Yes  No  
**If exemption is requested, reason:** Previously grant 3/6/12

**Exemption Approved Last Year:**  Yes  No

**Authorized Personnel**

**Check Writing/Withdrawal:**

**Name:** Alan Longshore  
**Title:** Claims and Claims

**Name:** Tracy Long  
**Title:** Fiscal Analyst

**Reconciliation:**

**Name:** Debbie Dectoria  
**Title:** Director of Finance - Whitten

**Name:** Michelle Blanchfield  
**Title:** Fiscal Analyst III

**Financial Information**

**Beginning Balance at July 1, 2012:** 74,409.42

**Detailed Transactions During FY 2013:**

**Deposits** (Please list each deposit separately. Add lines as needed.)

<b>DATE</b>	<b>Amount</b>	<b>Source</b>
7/1/12-6/30/13	3,621,467.76	Summary of Deposits

**Withdrawals:** (Please list each withdrawal separately. Add lines as needed)

<b>DATE</b>	<b>Amount</b>	<b>Payee</b>	<b>Description of Goods/Services Purchased</b>
7/1/12-6/30/13	3,670,108.60		Summary of Expenditures

**Ending Balance at June 30, 2013:**

25,768.58

**FY 2012-13 Bank Account and Transparency Accountability Report  
 FY 2013-14 Appropriation Act, Proviso 117.91**

**Agency Name/Number:** S.C. Department of Disabilities and Special Needs/J160  
**Account Name:** Coastal Center - Acct No. (Dedicated)  
**Purpose of Account:** Client Funds

**Exemption Requested:**  Yes  No

**If exemption is requested, reason:**  
 Previously granted 3/6/12

**Exemption Approved Last Year:**  Yes  No

**Authorized Personnel**

**Check Writing/Withdrawal:**

Name: Nilus (Larry) Mattive  
 Title: Facility Administrator

Name: Richard Nickless  
 Title: Service and Supply Director

**Reconciliation:**

Name: Al Stanley  
 Title: Director of Finance - Coastal

Name: Michelle Blanchfield  
 Title: Fiscal Analyst III - Central Office

**Financial Information**

**Beginning Balance at July 1, 2012:** -

**Detailed Transactions During FY 2013:**

**Deposits (Please list each deposit separately. Add lines as needed.)**

<b>DATE</b>	<b>Amount</b>	<b>Source</b>
7/1/2012 - 6/30/2013	-	Total Deposits

**Withdrawals:** (Please list each withdrawal separately. Add lines as needed)

<b>DATE</b>	<b>Amount</b>	<b>Payee</b>	<b>Description of Goods/Services Purchased</b>
7/1/2012 - 6/30/2013	-		Total Expenditures

**Ending Balance at June 30, 2013:** -

**FY 2012-13 Bank Account and Transparency Accountability Report  
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**Agency Name/Number:** S.C. Department of Disabilities and Special Needs/J160  
**Account Name:** Coastal Client - Acct No. (Direct Deposit)  
**Purpose of Account:** Client Funds

**Exemption Requested:**  Yes  No  
**If exemption is requested, reason:** Previously granted 3/6/12

**Exemption Approved Last Year:**  Yes  No

**Authorized Personnel**

**Check Writing/Withdrawal:**

**Name:** Nilus (Larry) Mattive  
**Title:** Facility Administrator

**Name:** Richard Nickless  
**Title:** Service and Supply Director

**Reconciliation:**

**Name:** Al Stanley  
**Title:** Director of Finance - Coastal

**Name:** Michelle Blanchfield  
**Title:** Fiscal Analyst III - Central Office

**Financial Information**

**Beginning Balance at July 1, 2012:** 8,698.37

**Detailed Transactions During FY 2013:**

**Deposits** (Please list each deposit separately. Add lines as needed.)

<b>DATE</b>	<b>Amount</b>	<b>Source</b>
7/1/2012 - 6/30/2013	1,529,915.20	Total Deposits

**Withdrawals:** (Plese list each withdrawal separately. Add lines as needed)

<b>DATE</b>	<b>Amount</b>	<b>Payee</b>	<b>Description of Goods/Services Purchased</b>
7/1/2012 - 6/30/2013	1,538,613.49		Total Expenditures

**Ending Balance at June 30, 2013:**

0.08



**FY 2012-13 Bank Account and Transparency Accountability Report  
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**Agency Name/Number:** S.C. Department of Disabilities and Special Needs/J160  
**Account Name:** Coastal MRC - Acct No.; (Operating)  
**Purpose of Account:** Client Funds

**Exemption Requested:**  Yes  No

**If exemption is requested, reason:**  
 Previously granted 3/6/12

**Exemption Approved Last Year:**  Yes  No

**Authorized Personnel**

**Check Writing/Withdrawal:**

**Name:** Nilus (Larry) Mattive  
**Title:** Facility Administrator

**Name:** Richard Nickless  
**Title:** Service and Supply Director

**Reconciliation:**

**Name:** Al Stanley  
**Title:** Director of Finance - Coastal

**Name:** Michelle Blanchfield  
**Title:** Fiscal Analyst III - Central Office

**Financial Information**

**Beginning Balance at July 1, 2012:** 123,156.26

**Detailed Transactions During FY 2013:**

**Deposits** (Please list each deposit separately. Add lines as needed.)

<b>DATE</b>	<b>Amount</b>	<b>Source</b>
7/1/2012 - 6/30/2013	1,646,587.16	Total Deposits

**Withdrawals:** (Please list each withdrawal separately. Add lines as needed)

<b>DATE</b>	<b>Amount</b>	<b>Payee</b>	<b>Description of Goods/Services Purchased</b>
7/1/2012 - 6/30/2013	1,719,814.54		Total Expenditures

**Ending Balance at June 30, 2013:**

49,928.88

**FY 2012-13 Bank Account and Transparency Accountability Report  
 FY 2013-14 Appropriation Act, Proviso 117.91**

**Agency Name/Number:** S.C. Department of Disabilities and Special Needs/J160  
**Account Name:** Pee Dee Client - Acct No Direct Deposit)  
**Purpose of Account:** Client Funds

**Exemption Requested:**  Yes  No

**If exemption is requested, reason:**  
 Previously granted 3/6/12

**Exemption Approved Last Year:**  Yes  No

**Authorized Personnel**

**Check Writing/Withdrawal:**

Name: Deborah Reddick  
 Title: Director of Finance

Name: Jack Kolesar  
 Title: Co-Administrator/Program Services/Supports

**Reconciliation:**

Name: Joe Freeman  
 Title: Claims and Collections - Pee Dee

Name: Michelle Blanchfield  
 Title: Fiscal Analyst III - Central Office

**Financial Information**

**Beginning Balance at July 1, 2012:** 15,471.98

**Detailed Transactions During FY 2013:**

**Deposits (Please list each deposit separately. Add lines as needed.)**

<b>DATE</b>	<b>Amount</b>	<b>Source</b>
7/1/2012 - 6/30/2013	1,917,365.58	Total Deposits

**Withdrawals:** (Plese list each withdrawal separately. Add lines as needed)

<b>DATE</b>	<b>Amount</b>	<b>Payee</b>	<b>Description of Goods/Services Purchased</b>
7/1/2012 - 6/30/2013	1,932,837.56		Total Expenditures

**Ending Balance at June 30, 2013:**

**FY 2012-13 Bank Account and Transparency Accountability Report  
 FY 2013-14 Appropriation Act, Proviso 117.91**

**Agency Name/Number:** S.C. Department of Disabilities and Special Needs/J160  
**Account Name:** Pee Dee Ctr - Acct N \_\_\_\_\_ (Operating)  
**Purpose of Account:** Client Funds

**Exemption Requested:**  Yes  No

**If exemption is requested, reason:**  
 Previously granted 3/6/12

**Exemption Approved Last Year:**  Yes  No

**Authorized Personnel**

**Check Writing/Withdrawal:**

Name: Deborah Reddick  
 Title: Director of Finance

Name: Jack Kolesar  
 Title: Co-Administrator/Program Services/Supports

**Reconciliation:**

Name: Joe Freeman  
 Title: Claims and Collections - Pee Dee

Name: Michelle Blanchfield  
 Title: Fiscal Analyst III - Central Office

**Financial Information**

**Beginning Balance at July 1, 2012:** 146,765.03

**Detailed Transactions During FY 2013:**

**Deposits** (Please list each deposit separately. Add lines as needed.)

<b>DATE</b>	<b>Amount</b>	<b>Source</b>
7/1/2012 - 6/30/2013	1,979,281.00	Total Deposits

**Withdrawals:** (Please list each withdrawal separately. Add lines as needed)

<b>DATE</b>	<b>Amount</b>	<b>Payee</b>	<b>Description of Goods/Services Purchased</b>
7/1/2012 - 6/30/2013	1,967,941.41		Total Expenditures

**Ending Balance at June 30, 2013:**

158,104.62

**FY 2012-13 Bank Account and Transparency Accountability Report  
 FY 2013-14 Appropriation Act, Proviso 117.91**

**Agency Name/Number:** S.C. Department of Disabilities and Special Needs/J160  
**Account Name:** Pee Dee Ct RDA - Acct No. \_\_\_\_\_ (Dedicated)  
**Purpose of Account:** Client Funds

**Exemption Requested:**  Yes  No  
**If exemption is requested, reason:** Previously granted 3/6/12

**Exemption Approved Last Year:**  Yes  No

**Authorized Personnel**

**Check Writing/Withdrawal:**

Name: Deborah Reddick  
 Title: Director of Finance

Name: Jack Kolesar  
 Title: Co-Administrator/Program Services/Supports

**Reconciliation:**

Name: Joe Freeman  
 Title: Claims and Collections - Pee Dee

Name: Michelle Blanchfield  
 Title: Fiscal Analyst III - Central Office

**Financial Information**

**Beginning Balance at July 1, 2012:** -

**Detailed Transactions During FY 2013:**

**Deposits (Please list each deposit separately. Add lines as needed.)**

DATE	Amount	Source
7/1/2012 - 6/30/2013	-	Total Deposits

**Withdrawals:** (Please list each withdrawal separately. Add lines as needed)

<b>DATE</b>	<b>Amount</b>	<b>Payee</b>	<b>Description of Goods/Services Purchased</b>
7/1/2012 - 6/30/2013	-		Total Expenditures

**Ending Balance at June 30, 2013:**

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**FY 2012-13 Bank Account and Transparency Accountability Report  
 FY 2013-14 Appropriation Act, Proviso 117.91**

**Agency Name/Number:** S.C Department of Disabilities and Special Needs/J160  
**Account Name:** Return Check - Acct No  
**Purpose of Account:**

**Exemption Requested:**  Yes  No  
**If exemption is requested, reason:** Previously grant 3/6/12

**Exemption Approved Last Year:**  Yes  No

**Authorized Personnel**  
**Check Writing/Withdrawal:**

**Name:** N/A  
**Title:**

**Name:**  
**Title:**

**Reconciliation:**

**Name:** Tarsha Gantt  
**Title:** Fiscal Analyst II

**Name:** Michelle Blanchfield  
**Title:** Fiscal Analyst III

**Financial Information**

**Beginning Balance at July 1, 2012:** 1,000.00

**Detailed Transactions During FY 2013:**

**Deposits** (Please list each deposit separately. Add lines as needed.)

<b>DATE</b>	<b>Amount</b>	<b>Source</b>
7/1/12-6/30/13	175.00	Summary of Deposits

**Withdrawals:** (Please list each withdrawal separately. Add lines as needed)

<b>DATE</b>	<b>Amount</b>	<b>Payee</b>	<b>Description of Goods/Services Purchased</b>
7/1/12-6/30/13	175.00		Summary of Expenditures

**Ending Balance at June 30, 2013:**

1,000.00