

KidTraks User Guide for Traditional Service Referrals



Referrals are created in KidTraks to authorize provision of services. To create a referral, select the **Launch KidTraks** link on the Case page in MaGIK.

SERVICES

RECENTLY ADDED [Launch KidTraks ↗](#)

There are no service or placement referrals on this case. [Would you like to launch KidTraks now?](#)

On the case page in the upper right hand corner you will see **Action** with an arrow. Click on **Action**.

Case ID: 10000 Action ▾

[Expired Referrals \(2\)](#)

Case Information

Case Details

Case Name:		Status:	Open
KidTraks Case ID:	1000	Start Date:	8/16/2017
Casebook Case ID:	1000	End Date:	

Select **Add New Service/Activity**.

[Add New Service/Activity](#) Action ▾

Select I'd like to create a standard service referral

I'd like to view service recommendations for this family - [click here](#) to get more information about service mapping.

I'd like to create a standard service referral

Create PPS Referral

Create PRT Referral

Create YCP Referral

Previous Recommendations

Select Proceed.

Session

Select County: Franklin

Source: Case

Source ID: 100001035352

Description:

Case County: Franklin

Current User: Robinson,Hannah Elizabeth

Select Referred Persons

For those checked, please verify their current addresses below. If any need updated, click on the CB ID link to go to Casebook and update to the correct address before continuing creating the referral. Note: If a child is in a placement, the address displayed will be the address of the placement.

	Referred Persons	Role	Birth Date	Age	Bx Health CANS	Interpreter Services
<input checked="" type="checkbox"/>	Ka (CB ID: 1000: <T ID: 218) 116 E 3rd St.	Child	06/04/2017	0	0	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Ai (CB ID: 1000: <KT ID: 215) 116 East 3rd St.	parent	05/02/1992	25		<input type="checkbox"/>
<input checked="" type="checkbox"/>	Jef (CB ID: 1000: <KT ID: 215) 116 East 3rd St.	Relative	09/09/1964	53		<input type="checkbox"/>

As the pink information box states, review the address listed to make sure that they are current, and if they need updated, click the link to be taken to Casebook to update the information.

If information is correct select **Continue**.

Select the service type from the menu.

Potential Participants

Exit Wizard

Please select from the following services:

MRO Assessment for Eligibility

Do the parents need assistance to manage the behavioral health care needs of one or more of the children? MRO services are provided at home in order to meet the behavioral health care needs of the child. Home based services are included as well as other services. Click here to send the child(ren) for an assessment for MRO services.

Home Based Services

Does this family need home based services to improve family functioning? Click here to find out about the array of home based services.

Counseling, Psychological or Psychiatric Services

Are there members of the family who need counseling? Do you think that a psychological, intellectual, or emotional problem is a problem interfering with the adult's ability to parent? Click here to find out more about psychological and psychiatric services.

Drug Screens and Treatment for Substance Use Disorders

Do you suspect someone in this family has a substance abuse problem? Click here to see services available to treat addiction.

Domestic Violence Services

Has there been an incident of DV with this family? Domestic Violence Intervention Services are services that would need to be provided to address assaultive or coercive behavior. It includes physical, sexual, or psychological attacks as well economic coercion with an adult and those for batterer, victim and child. Click here to find out more about treatment options for those affected by Domestic Violence.

Services for Children

Are you looking for a service that is targeted to the child? Click here to see our child specific services.

Other Services for Parents

Do the parents need parent education classes? Would participation in a support group be helpful to them in order to understand these kinds of services?

Select the county where the service will be provided from the **Select County** drop down menu on the left hand side of the screen. The service location may differ from the case county.

Select the service category from the menu.

Session

Select County:
Franklin

Source:
Case

Source ID:
10001035352

Description:

Case County:
Franklin

Current User:
Robinson,Hannah Elizabeth

Main Menu

Previous Page

Finish Wizard

Home Based Services ?

- Homemaker**
This service is provided by a paraprofessional (without a degree) person and focuses on assisting the family with learning how to meet their basic needs, such as home management, basic parenting, transportation, child nutrition, and child development. Visitation Supervision can be provided under this service.
- Home Based Casework Services**
This service is typically provided by a bachelor's level person and focuses on the assisting the family with more complex needs, such as behavior modification techniques, managing crises, navigating service systems, and assistance developing and working toward long and short term goals. Visitation Supervision can be provided under this service.
- Home Based Therapy**
This service is provided by a Master's level person and focuses on providing family centered therapeutic services in the home. Visitation Supervision can be provided under this service.
- 1 Hour Crisis Response**
These crisis services are for families who have children at imminent risk of removal. Imminent risk is defined as: Immediate threat of injury or harm to a child when no interventions

Session

Select County:
Franklin

Source:
Case

Source ID:
10001035352

Description:

Case County:
Franklin

Current User:
Robinson,Hannah Elizabeth

Home Based Services - Home Based Casework Services

This service is typically provided by a bachelor's level person and focuses on the assisting the family with more complex needs, such as behavior modification techniques, managing crises, navigating service systems, assistance developing and working toward long and short term goals. Visitation Supervision can be provided under this service.

Make Referral for Service Do not Refer for Service

Enter Service Date:

Service Start Date:

Is this referral for reports and court testimony only?

Yes No

Please select the household members being referred for services and the family's intensity need level.
If you are referring two households, you should complete two referrals.

<input type="checkbox"/>	Referred Persons	Role	Birth Date	Age	CANS
<input type="checkbox"/>	Kar (CB ID: 1000 KT ID: 21f 8)	Child	06/04/2017	0	0
<input type="checkbox"/>	Au (CB ID: 10002 KT ID: 21f 1)	parent	05/02/1992	25	
<input type="checkbox"/>	Je (CB ID: 10001 KT ID: 21f 8)	Relative	09/09/1964	53	
<input type="checkbox"/>	Ka (CB ID: 100024 KT ID: 21f 3)	Child	07/13/2015	2	0
<input type="checkbox"/>	Jul (CB ID: 100003 KT ID: 21f 2)	Relative	08/18/1969	48	
<input type="checkbox"/>	Ke (CB ID: 10001 KT ID: 21f 2)	parent	01/09/1984	34	

Read the brief description of the service to ensure that you have selected the service you want.

Enter the service start date.

Select the individuals that will be participating in the referral.

What is the family's intensity need level?

Level 1 - 1 visit per week on average.

Level 2 - 2-3 visits per week on average.

Level 3 - 4 - 5 visits per week on average.

Select the provider from one of the following:

Select ▼

Please enter any special instruction for the provider related to this family:

Type narrative here

Please enter the goals of the service for this family:

Type narrative here

Select the **intensity level**-how many times a week will the provider need to meet with the family/client?

Select the **provider agency** that you want to use for the service from the drop down menu.

In the narrative box labeled **Provide any special instructions for the provider related to the family**:

Enter the most up to date contact information for the individuals that will be participating.

Also include the FCM assigned to the case if different from the individual creating the referral as well as the best way to reach the FCM assigned.

Provide information about reason for involvement with DCS including any known worker safety concerns, medical issues, court orders, restrictions on who may/may not be in the home present for services, etc. Include the family's availability for the service, when and where the service will occur, etc.

In the narrative box labeled **Please enter goals of the service for this family**:

Using SMART goals (Specific, measurable, attainable, relevant, and time sensitive) identify what you need the client to gain/achieve from participation in the service.

*Specific goals help clients understand the service and help our providers understand their objective in working with the client.

Enter any specific expectations for the provider. If provider sends reports electronically to the FCM/MaGik case link, provide that instruction here.

Once information is entered select the **save** button.

Save Cancel

Duplicate Referrals:

The Referral Wizard will prevent users from creating multiple referrals for a person, if a referral for the same service is already referred for the person, for the same time period. If users attempt to create a duplicate service referral the following screen will display (in this example a Tutoring referral is already created for Carter):

If users do not wish to continue with the new referral (resulting in a cancellation of the existing referral), select "Cancel".

If users wish to cancel the existing referral and proceed with the new referral, users should select "Continue".

Please note: The Stop Date for the original referral defaults to 2 weeks to allow the existing provider to close out services. Users have the ability to edit the Stop Date within 2 weeks of the current date. Once the user selects "Continue" a pop up box will appear..., as shown below.

Confirm Services

Based on the information entered, the Referral Wizard will generate referrals for the following:

Provider Name	Category	Service	Participants	Edit
CHILDREN'S BUREAU	Home Based Casework Services	HOME-BASED FAMILY CENTERED CASEWORK SERVICES	Au	

Page 1 of 1 | 50 items per page | 1 - 1 of 1 items

Back To Categories | Exit Without Saving | **Finish Wizard**

Review the services on the confirm services screen; if correct select **finish wizard**.

Case ID: 100001 At er Action ▾

[Referrals for Approval \(1\)](#)
[Expired Referrals \(2\)](#)

Case Information

Case Details

Select **Referrals for Approval**.

Action Required-The following referral(s) have not been submitted for approval

Referrals				
		Date	Vendor Name	Service
Approve	Review	02/09/2018	CHILDREN'S BUREAU	HOME-BASED FAMILY CENTERED CASEWORK SERVICES

Page 1 of 1 25 items per page

Select **Review** to be provided with additional narrative boxes to be completed prior to submitting the referral.

Referral ID: 1861774 Case Name: 100001 - At er

Service County: Franklin Created By: Robinson, Hannah Elizabeth

Parent Referral: Created Date: 2/9/2018

Other Pertinent Information or Other Significant Persons:

Type narrative here.

List Other Services and Service Providers Working With the Family

Type narrative here.

In the **Other Pertinent Information or Other Significant Persons** box, provide any additional information that may be beneficial for the provider to know prior to initiating the referral.

In the **List other Services and Service Providers Working with the Family**, list other agencies that will also be working with the family as well as the services that they are currently providing.

- Navigation
- Basic Information
- Referred Services**
- History
- Attachments
- Additional Unit Requests

Referral ID: 1872723 Case Name: 100001 2 - Au

Basic Information

Referral ID: 1872723 Status:

Vendor ID: ST029050 Case Type:

Vendor Name: CHILDREN'S BUREAU , 1575 DR MLK JR ST , INDIANAPOLIS , IN Case ID:

Case Name: Au Case County:

Service County: Franklin Created By:

Parent Referral: Created Date:

Other Pertinent Information or Other Significant Persons:

If you need to change the end date of the referral from what auto populates, select the **Referred Services** link on the left hand side of the page.

- Navigation
- Basic Information
- Referred Services
- History
- Attachments
- Additional Unit Requests

Referral ID: 1872723 Case Name: 100001 - A ar

Referred Services

Package: Home Based Services - Home Based Casework Services

	Billable Unit ID	Service	Start Date	End Date	Stop Date	Max Units
<input type="checkbox"/>	RF0004047577	HOME-BASED FAMILY CENTERED CASEWORK SERVICES - COURT	02/22/2018	06/30/2019		12
<input type="checkbox"/>	RF0004047576	HOME-BASED FAMILY CENTERED CASEWORK SERVICES - FACE TO FACE	02/22/2018	06/30/2019		48

Select the link in the **Billable Unit ID** column.

Billable Unit Details:

Billable Unit ID: RF0004047576

Service: 10521. 331 HOME-BASED FAMILY CENTERED CASEWORK SERVICES - FACE TO FACE

Start Date: 2/22/2018 End Date: 6/30/2019 Max Units: 48

Instructions: Sample 1 visit per week on average.

Goals: Sample

Participants

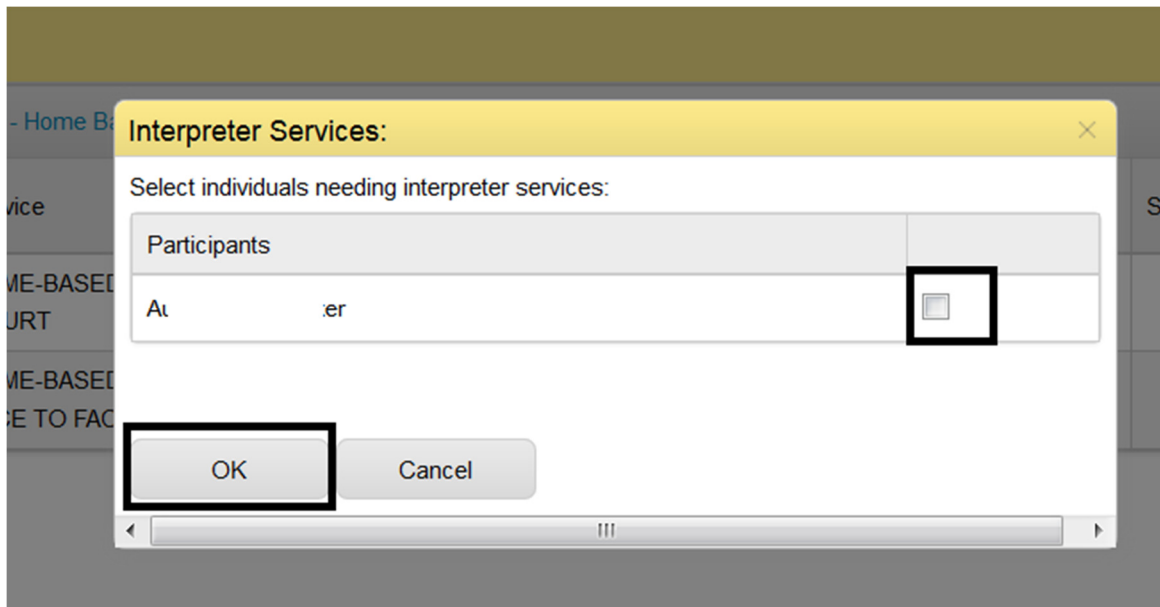
Save Close

Change the end date, and then click **Save**.

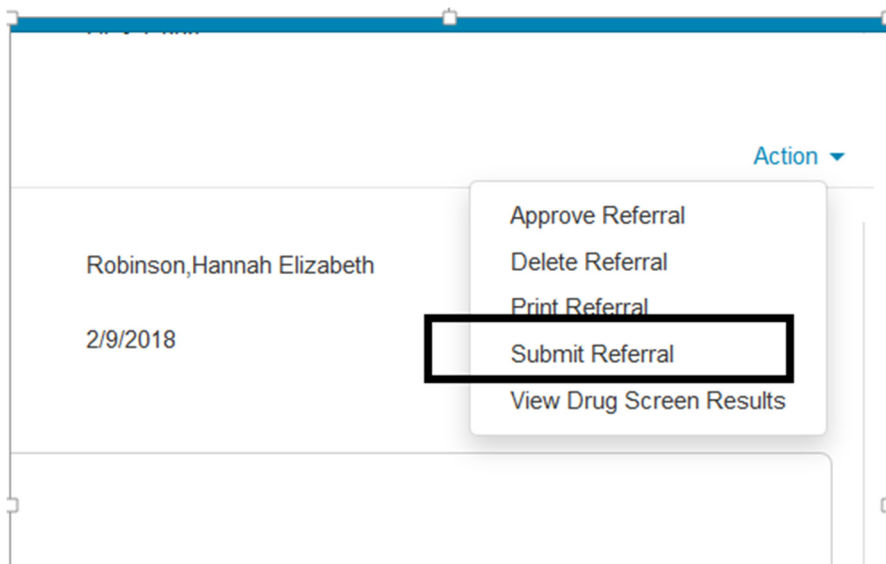
If you need an interpreter, click **Select** on the right hand side of the screen. Click **Add Interpreter Services**.

180 Case Name: 1000 2 - A aker Action ▾

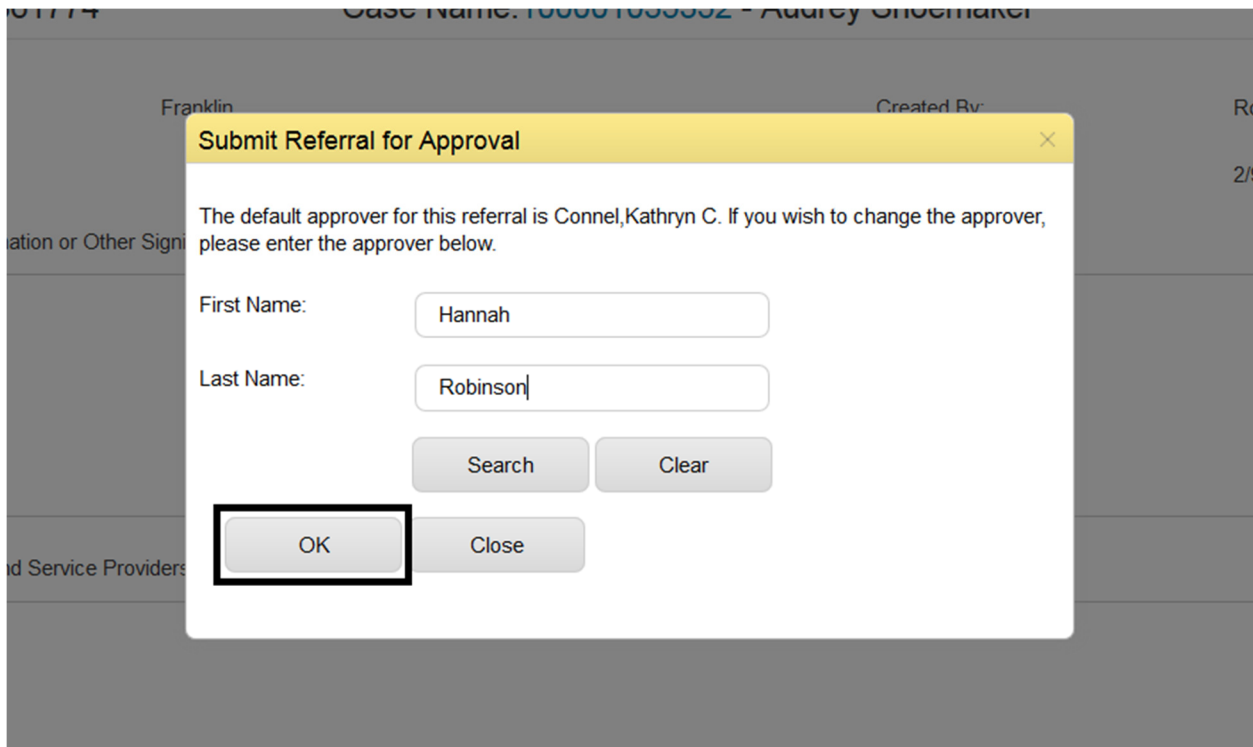
Service	Start Date	End Date	Stop Date	Max Units	Referred Person
HOME-BASED FAMILY CENTERED CASEWORK SERVICES - COURT	02/22/2018	06/30/2019		12	Ar (25)
HOME-BASED FAMILY CENTERED CASEWORK SERVICES - FACE TO FACE	02/22/2018	06/30/2019		48	Ar (25)



Select individual that needs an interpreter and then click **OK**.



Once all of the information has been entered, click the **Action** menu and select **Submit Referral**.



The box above will come up and will tell you who the system has already identified as the approver (which would be your supervisor if you are an FCM); if you need to change who the referral should be sent to for approval, you may enter an alternate approver.

Select **OK**.

The approver will then receive an email notifying them that they have a referral to review for approval.

Dear [REDACTED]

You have been asked to review and approve one or more referrals by a DCS Family Case Manager.

Required Action: Please enter your response as to whether to approve / deny / or change the approver for the pending referral.

The following referrals have been submitted for approval:

Referral #	Submit Date	Submitted By
1845498	Jan 24 2018 11:24AM	[REDACTED]

For technical assistance, please contact KidTraks@dcs.in.gov.

For all other inquiries regarding these referrals, please contact the referring FCM or the [DCS Referral Unit](#) for assistance.

Thank you for helping protect our Children, Families, and Future!!!

The approver will then select the referral link in the email, and it will take them into KidTraks to review the referral.

Referral Inquiry // Referral Information

Referral ID: 1845498 Case Name: 1000011 - Wil

Basic Information

Referral ID: 1845498 Status: !

Vendor ID: ST041772 Case Type: DC

Vendor Name: COMMUNITY MENTAL HEALTH CENTER, 285 BIELBY RD., LAWRENCEBURG, IN Case ID: 101

Case Name: Wil Case County: Fr

Service County: Franklin Created By: We

Parent Referral: Created Date: 1/2

RedWood Referral ID: 1845499, 1845500

Other Pertinent Information or Other Significant Persons:

██

██

List Other Services and Service Providers Working With the Family

██

The Supervisor or approver will be taken to the basic information page of the referral. The Supervisor/Approver needs to review the information on the basic information screen to ensure that necessary information has been provided in the narrative boxes. The Supervisor/Approver then needs to select the **Referred Services** link on the left hand side of the screen to review the services referred broken down by component.

Referral Inquiry // Referral Information

Referral ID: 1845498 Case Name: 10000 - W

Referred Services

Package: Drug Screens and Treatment for Substance Use Disorders - Addiction Services

Billable Unit ID	Service	Start Date	End Date	Stop Date
RF0003983917	SUBSTANCE USE DISORDER ASSESSMENT - ASSESSMENT	01/18/2018	07/17/2018	
RF0003983916	SUBSTANCE USE DISORDER ASSESSMENT - ASSESSMENT	01/18/2018	07/17/2018	
RF0003983915	SUBSTANCE USE DISORDER ASSESSMENT - COURT	01/18/2018	07/17/2018	

By selecting the **Billable Unit ID** next to the service component the Supervisor/Approver can view the **Instructions** and **Goals** boxes. The supervisor/approver must review this information to ensure that it is complete prior to approving the referral.

Contracts ▾ MaGIK Portal ▾ CEU Portal ▾ Encompass Portal ▾ Reports ▾ Administration ▾

Referral Inquiry // Referral Information

Referral ID: 1 [REDACTED] Case Name: 10000 [REDACTED]

Referred Services

Package: Drug Screens and Treatment for Sub

Billable Unit ID	Service
RF0003983917	SUBSTANCE USE
RF0003983916	SUBSTANCE USE
RF0003983915	SUBSTANCE USE

Billable Unit Details:

Billable Unit ID: RF0003983917

Service: 10807. 1767 SUBSTANCE USE DISORDER ASSESSMENT - ASSESSMENT

Start Date: 1/18/2018 End Date: 7/17/2018 Max Units: 5

Instructions: [REDACTED]

Goals: [REDACTED]

Participants ▾

Save Close

Referral Inquiry // Referral Information

Referral ID: 1864276 Case Name: 1000 | - Dc

Basic Information

Referral ID:	1864276	Status:	Submitted
Vendor ID:	8T000425647	Case Type:	DCS Case

Approve Referral

Deny Referral

Print Referral

Reassign Referral

View Drug Screen Results

If referral is complete, the Supervisor/Approver will select **Approve Referral** from the **Action** menu. If the Supervisor/Approver feels that additional information is needed in the referral, the **Deny Referral** option can be selected.

After the Supervisor approves the referral, KidTraks generates an email to the Provider notifying them.

Dear CENTERPOINTE COMMUNITY BASED SERVICES LL,

Action Required: Accept or Reject Selection Needed

Following referral has been submitted to your agency. If your agency can initiate services within the required time frame, as referenced in service standard, select "Accept". If you cannot accept this referral for any reason, select "Reject". Failure to respond will result in an automated rejection of this referral.

Please note: waitlists are not permitted. Therefore, it is imperative that your agency only accept this referral if services can be provided by your agency in the permitted timeframe to prevent a lapse in services being provided.

Referral #	County	Submit Date	Submitted By	Children
1766955	Hamilton	Dec 6 2017 9:30AM	Chandler,	Austin

For assistance with Referral questions, please contact [DCS Referral Unit](#) for assistance.

For technical assistance, please contact support@stateofindia

Thank you for helping protect our Children, Families, and Future!!!

The Provider will then click on the referral ID in the email to be directed to their vendor portal. They will see a message at the top of the screen:

ACTION REQUIRED: A referral has been submitted to your agency. If your agency can initiate services within the required time frames, as referenced in the service standard, select "Accept". If you cannot accept this referral for any reason, select "Reject". **Failure to respond within 48 hours will result in an automated rejection of this referral.** Please note, waitlists are not permitted. Other provider referrals in place will be cancelled in the system if this referral is accepted. Therefore, it is imperative that your agency only accept this referral IF services can be provided by your agency in the permitted timeframes to prevent a lapse in services being provided.

If the agency can initiate services within the required timeframe, they select "Accept." If the agency cannot initiate services within the required time frame or cannot accept the referral for any other reason, they select "Reject."

Once they select either "Accept" or "Reject," a notification email will be sent to the FCM.

This auto-generated email has been sent to notify you the following Referral has been Accepted Provider sent to their agency.

Referral Accept Notification

Referral ID:1845498
Vendor Name:COMMUNITY MENTAL HEALTH CENTER

Please [click here](#) to view this Referral.

For assistance with Referral questions, please contact [DCS Referral Unit](#) for assistance.

For technical assistance, please contact support@stateofindiana.zendesk.com.

Thank you for helping protect our Children, Families, and Future!!!

This auto-generated email has been sent to notify you the following Referral has been Rejected by the Provider.

Referral Reject Notification

Referral ID: 1811192

Reject Reason:

There is a waitlist for home based case mgmt at this point.

Please [click here](#) to view this Referral.

If services are needed, please create referral with other vendor.

For assistance with Referral questions, please contact [DCS Referral Unit](#) for assistance.

For technical assistance, please contact support@stateofindiana.zendesk.com.

Thank you for helping protect our Children, Families, and Future!!!

The provider doesn't accept/reject the referral within 48 hours the referral is automatically cancelled and notification of the cancellation is sent to the provider with the referring FCM CCed.

From: KidTraks Support - Do Not Reply [<mailto:KidTraks@dcs.in.gov>]

Sent: Thursday, February 08, 2018 1:08 PM

To: referrals@lifelineyouth.org

Cc: Toth, Diana R <Diana.Toth@dcs.IN.gov>

Subject: DCS Referral - Cancellation Notice

CANCELLATION NOTICE

Dear LIFELINE YOUTH AND FAMILY SERVICES INC ,

At your request, the following service referral request has been **Rejected**

Referral #	County	Submit Date	Submitted By	Children
1858967	Grant	Feb 8 2018 1:07PM	██████████	K unt, M

For assistance with Referral questions, please contact [DCS Referral Unit](#) for assistance.

For technical assistance, please contact support@stateofindiana.zendesk.com.

Thank you for helping protect our Children, Families, and Future!!!

To check the status of a referral, select the **History** link under the navigation menu on the left hand side.

Referral Inquiry // Referral Information

Referral ID: 1858967 Case Name: 100001108897 - Katl

Navigation

- Basic Information
- Referred Services
- History**
- Attachments
- Additional Unit Requests

Basic Information

Referral ID: 1858967

Vendor ID: ST0000392201

Vendor Name: LIFELINE YOUTH AND FAMILY SERVICES INC , 4150 ILLINOIS RD , FORT WAYNE , IN

Referral ID: 1858967 Case Name: 1000 - Ke

History

Date	Status	User Name	Comments
02/07/2018	Submitted		
02/07/2018	Approved		
02/08/2018	Reject	System	
02/08/2018	Cancelled	System	Vendor Rejected : We do not have staff available to serve this referral.

Page 1 of 1 10 items per page

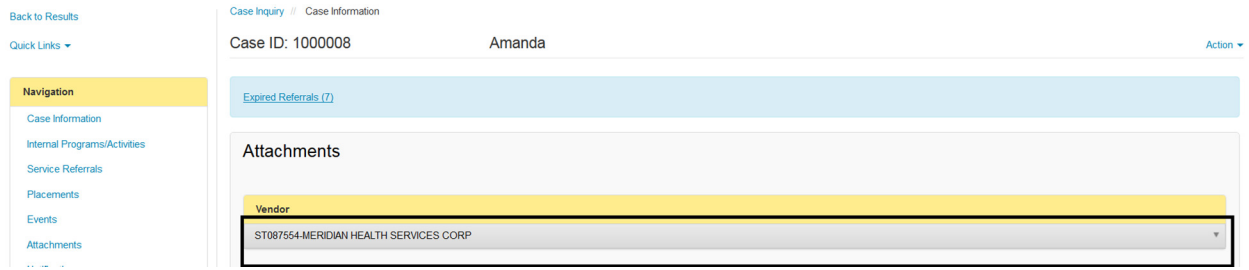
Here you can view if the referral has been approved by the Supervisor, if the provider has accepted/rejected the referral, or if the referral was cancelled by the system.

Quick Links ▾

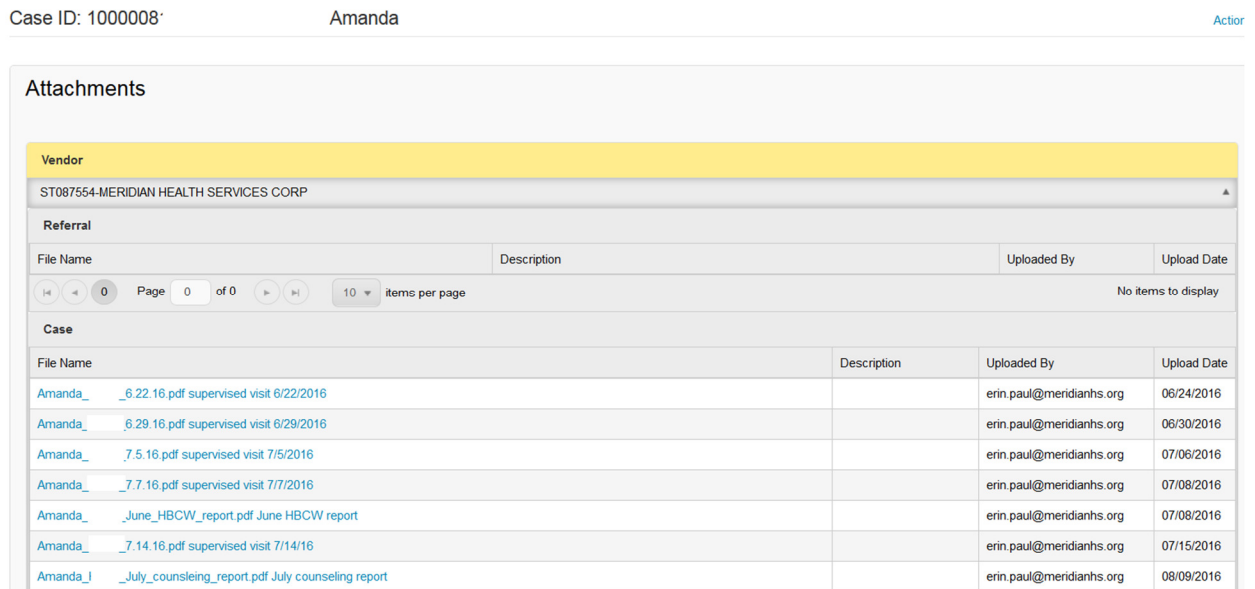
Navigation

- Case Information
- Internal Programs/Activities
- Service Referrals
- Placements
- Events
- Attachments**
- Notifications

When providers upload their reports in KT, you will locate them by selecting the **Attachments** link on the **Navigation** menu on the left hand side of the screen.



The Attachments page will list the Providers who have attached documents under the **Vendor** field. To view the attachments, select the arrow next to the provider's name.



Attachments are opened by selecting the **File Name**.

Approving Claim Invoice Lines

Example of email:

From: KidTraks Support - Do Not Reply [<mailto:KidTraks@dcs.in.gov>]

Sent: Tuesday, April 25, 2017 12:01 AM

To:

Subject: DCS Claims Need Your Approval

Dear _____,

You have been asked to review and approve one or more claims by DCS - Administrative Services, before a payment can be generated.

Required Action: Please enter your response as to whether to approve / deny / or change the approver for the pending claims. To view all items pending your response, go to [KidTraks Workflow Queue](#).

For technical assistance, please contact support@stateofindiana.zendesk.com.

For all other inquiries regarding these claims, please contact your local county office fiscal staff for assistance.

Please Note: You have 2 business days to complete this request.

Managing Claim Invoice Line approvals:

- ✓ FCM should sort emails each day to find requests to approve claims and
- ✓ FCM should check Workflow Inquiry in KidTraks each day

“Action” Options:

- **Approve** – monthly reports, service dates...are correct
- **Under Review** – if FCM is questioning services, monthly report – prevents escalation, however action needs to be taken within 10 business days to prevent auto-denial
- **Reassign** – if FCM receives an email requesting approval of a claim and the case is not assigned to the FCM, search MaGiK or Kidtraks to determine FCM assigned to case and reassign. **An email is not generated when reassigning a claim, FCM must email the FCM assigned to advise them a claim has been reassigned to them and requires action**

- NOTE: If an Assessment FCM receives a request to approve a claim, assessment FCM does not have capabilities in Kidtraks to approve claims, and must reassign to the Permanency FCM who is assigned the case
- **Deny** – monthly report has not been received/ is inadequate, billed hours not correct, dates of service not correct

Kidtraks Workflow Inquiry

The screenshot shows the MaGIK | KidTraks home page. The navigation bar includes Home, Accounts Payable, Accounts Receivable, Contracts, MaGIK Portal, CEU Portal, Encompass Portal, Reports, and Administration. The Accounts Payable dropdown menu is open, showing options like Voucher Inquiry, Pay Cycle Inquiry, Payment Inquiry, Workflow Inquiry, Encompass Batch, Template Vouchers, Invoice Tracking, Chase Transactions, Chase Trans Archive, Chase Travel, Scheduler, and Employee Travel. A search bar is located in the top right corner.

- Log into KidTraks
- Select Accounts Payable from Kidtraks Menu Bar
- Select Workflow Inquiry from dropdown box

The screenshot shows the Workflow Inquiry page. The 'Choose a Filter' section is highlighted, showing radio button options: My Items, My Direct Reports, My County / Region, Voucher ID, and User. An 'Apply Filter' button is located below the options. A 'Start_Date' dropdown is visible on the right side of the page.

- Choose "My Items" Filter
 - Supervisor/LOD may choose "My Direct Reports" or "My County/Region"
- Click "Apply Filter"

The screenshot shows the Workflow Inquiry page displaying a list of queued items. The table has columns for Voucher #, Days Pending, Vendor Name, Assigned To, Under Review, Case ID, and Case Name. An 'Actions' dropdown menu is open, showing options: Select, Approve, Deny, Reassign, and Under Review. A 'Submit' button is also visible.

- A list of invoices requiring action will be generated
 - List may be exported to an excel spreadsheet by clicking icon
- Invoice may be approved by selecting "Approve"
- Other actions can be taken by selecting an invoice and an action

Select All	Voucher #	Days Pending	Vendor Name	Assigned To	Under Review	Case ID	Case Name
<input type="checkbox"/>	Approve VL1002336300	10	CAMPAGNA ACADEMY	RECON UNIT	<input type="checkbox"/>		
<input type="checkbox"/>	Approve VL1002336119	9	VILLAGES OF INDIANA INC	RECON UNIT	<input type="checkbox"/>		
<input type="checkbox"/>	Approve VL1002336119	9	VILLAGES OF INDIANA INC	RECON UNIT	<input type="checkbox"/>		
<input type="checkbox"/>	Approve VL1002337434	9	FAMILY ARK INC	RECON UNIT	<input type="checkbox"/>		
<input type="checkbox"/>	Approve VL1002337976	9	RAINTREE CONSULTING LLC	RECON UNIT	<input type="checkbox"/>		