Occurrence Form for _____

(Program Title)

Date ____/____/_____ Description _____

Department _____

Primary Service Zip Code (Zip or Zip + 4) _____

Targeted for: ☐ Living in Poverty ☐ Broader Community *(Select one)*

Hours: Staff _____ Volunteer _____ Other _____

Outputs: Persons Served _____ Other _____ Other _____

Expenses: (Enter dollars in whole numbers)

Salary Expense

(A) Dollars reported $_____ (B) Department hours _____

Average rate 1 hours _____
Average rate 2 hours _____
Average rate 3 hours _____
Average rate 4 hours _____

Other Expenses

Purchased services $_____

Supplies $_____

Other direct expenses $_____

Indirect expenses
☐ None
☐ Direct Entry $_____
☐ In Unit
☐ In Community
☐ Special

Offsets: (Enter dollars in whole numbers)

Fees $_____

Restricted Contributions $_____

Restricted Grants $_____

Other $_____

*Dollar amounts entered here will offset any expenses

Category B (additional offsets)

Direct Medicare reimbursement for GME	$_____
Direct Medicaid reimbursement for GME	$_____
Continuing health profession education (reimbursement/tuition fees)	$_____
Prior year revenue, if any	$_____
Other	$_____

Category C (additional offsets)

Net Medicaid (counted elsewhere)	$_____
Net other means-tested programs (counted elsewhere)	$_____
Net charity care (counted elsewhere)	$_____
Net bad debt (counted elsewhere)	$_____

Memo fields: (not to be included as an offset)

Medicare costs (Category C only)	$_____
Medicare revenue (Category C only)	$_____

Notes:

_____

_____

_____

User defined codes:

❑ _____ ❑ _____

❑ _____ ❑ _____

❑ _____ ❑ _____

❑ _____ ❑ _____