Department of Human Services
PS-006 COUNTY INTAKE LISTING

Report period from mm/dd/yyyy through mm/dd/yyyy

Intake Worker Name/Load XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXX Supervisor Name XXXXXXXXXXXXXXXXXXXXX Run Date mm/dd/yyyy Time hh:mm

Log Number	Case Name	Complaint Date	Last Date Assigned	I	Last Date Saved	Worker Assigned
XXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	mm/dd/yyyy	mm/dd/yyyy		mm/dd/yyyy	xxxxxxxxxx
XXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	mm/dd/yyyy	mm/dd/yyyy		mm/dd/yyyy	xxxxxxxxxx
XXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	mm/dd/yyyy	mm/dd/yyyy		mm/dd/yyyy	xxxxxxxxxx
XXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	mm/dd/yyyy	mm/dd/yyyy		mm/dd/yyyy	xxxxxxxxxx
XXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	mm/dd/yyyy	mm/dd/yyyy		mm/dd/yyyy	xxxxxxxxxx

Total Complaints for District XXXXXXXXXXXXXXXXXXXXX – 99

XXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	mm/dd/yyyy	mm/dd/yyyy		mm/dd/yyyy	xxxxxxxxxx
XXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	mm/dd/yyyy	mm/dd/yyyy		mm/dd/yyyy	xxxxxxxxxx
XXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	mm/dd/yyyy	mm/dd/yyyy		mm/dd/yyyy	xxxxxxxxxx
XXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	mm/dd/yyyy	mm/dd/yyyy		mm/dd/yyyy	xxxxxxxxxx
XXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	mm/dd/yyyy	mm/dd/yyyy		mm/dd/yyyy	xxxxxxxxxx

Total Complaints for District XXXXXXXXXXXXXXXXXXXXX – 99

XXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	mm/dd/yyyy	mm/dd/yyyy		mm/dd/yyyy	xxxxxxxxxx
XXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	mm/dd/yyyy	mm/dd/yyyy		mm/dd/yyyy	xxxxxxxxxx
XXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	mm/dd/yyyy	mm/dd/yyyy		mm/dd/yyyy	xxxxxxxxxx
XXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	mm/dd/yyyy	mm/dd/yyyy		mm/dd/yyyy	xxxxxxxxxx
XXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	mm/dd/yyyy	mm/dd/yyyy		mm/dd/yyyy	xxxxxxxxxx
XXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	mm/dd/yyyy	mm/dd/yyyy		mm/dd/yyyy	xxxxxxxxxx
XXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	mm/dd/yyyy	mm/dd/yyyy		mm/dd/yyyy	xxxxxxxxxx
XXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	mm/dd/yyyy	mm/dd/yyyy		mm/dd/yyyy	xxxxxxxxxx

Total Complaints for District XXXXXXXXXXXXXXXXXXXXX – 99

Note: Information on this report is for the complaints received during the reporting period, on-going cases, and cases closed during this reporting period. Data Source is Services Worker Support System (SWSS). Note: Information on this report is for the complaints received during the reporting period. Data Source is Services Worker Support System (SWSS).