

Self-Administered Services Invoice Form

Children's disABILITY Services

Section One - Service Recipient and Service Summary

*Please print

Child Name _____

Service Period
from _____ to _____

Service Type e.g. respite, after-school care, transportation assistance, etc.	Rate	Total Hours per Service	Total Amount Invoiced per Service
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total amount invoiced all services			\$

Section Two – Parent/Guardian Information*

*as written on your self-administered services contract

Parent/Guardian Name _____
Parent/Guardian Address _____ _____ _____
I certify that all information herein are true and correct and that services have been provided.
Parent/Guardian Signature _____
Date _____

Section Three – For Department Use Only

D.I.N.	AMOUNT
	\$
	\$
	\$
	\$
VENDOR #	TOTAL PAID: \$
Certified Services Performed and Payment Authorized SIGNATURE _____ DATE _____	

Self-Administered Services Log Form

Children's disABILITY Services

*Please Print

Child Name

Community Service Worker

Service Information				Service Provider Information		
Month _____				Note: Service providers may be contacted to verify that services have been provided.		
Date	Service Type e.g. respite	Time of Service e.g. 6pm – 9pm	# of Hours	Full Name	Phone Number	Signature
		-				
		-				
		-				
		-				
		-				
		-				
		-				
		-				
		-				
		-				
		-				
		-				
		-				
		-				
		-				
		-				
		-				
		-				
		-				
		-				
		-				