

**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
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>Total amount invoiced all services</b>			\$

**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
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Community Service Worker
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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
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**This form is available in alternate formats upon request  
Ce formulaire est offert dans d’autres formats sur demande**