



Residential Services Invoice

To Be Completed by Agency/Provider

Please attach documentation sheets and email to: keri.kingrey@riversidedd.org or fax to (937) 332-1311.

Name of Provider or Agency: _____ SSN: _____

Address: _____ Phone: _____

Agency Contact: _____ SSA (Last Name): _____

Services Provided To: _____
(Individual's Name)

Service Code			
H	Home Maker Personal Care	I	Individual Budget
T	Transportation	CNF	Critical Need Funding

Service Code	Service Date		Amount	Rate	Total
	Begin	End			
				Total Due	

Note: All services provided must be invoiced within the frequency period stated in the provider agreement, i.e., services that are to be provided must be billed within the calendar month they were provided. Please bill either twice a month (day 1 through day 15 and day 16 through day 30) or once a month. Invoices should be submitted within 30 days after the last date of service for the month. Use additional invoices if necessary.

Certification: I hereby certify that the statements made hereon are true, that the mileage listed was actually driven and other expenses were incurred as official approved residential services. I certify that the reimbursement requested above does not exceed amounts which were prior approved in the Supported Living contract and/or the Critical Need Funding Service Authorization.

Authorized Signature: _____ **Date:** _____

Approval – To Be Completed by Riverside

SSA Signature

Date

NOTE - Once approved, please forward to SSA Administrative Assistant for Processing.