



Date Received at Riverside _____

1625 N. Troy-Sidney
Troy, Ohio 45373
Phone (937) 339-8313
Fax (937) 335-6907

Opportunities for life

BOARD OF DEVELOPMENTAL DISABILITIES

Residential Services Invoice

To Be Completed by Agency/Provider

Please attach applicable documentation and mail to: **Residential Services – 1625 N. Troy-Sidney Road, Troy, OH 45373.**

Name of Provider or Agency: _____ **SSN:** _____

Address: _____ **Phone:** _____

_____ **Agency Contact:** _____

Services Provided To _____ **SSA** _____

(Consumer's Name) (Last Name)

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

Service Code	Service Date		Amount Provided	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. 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 Approved

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