

PROVIDER NAME: _____
 ADDRESS: _____
 CITY: _____ ZIP: _____
 SERVICE CATEGORY: _____
 CONTACT PERSON: _____ PHONE: _____

CONTRACT NO.: _____
 CLAIM PERIOD: _____
 CONTRACT HOURLY RATE: **\$73.70**
 PROVIDER NO.: _____
 ORIGINAL REVISION

SECTION I-PROVIDER SERVICE DETAIL

	A	B	C	D	E	F
	STAFF MEMBER'S	BUDGETED	SERVICE	ASSIGNED	HOURS	AMOUNT CLAIMED
	NAME	POSITION	POPULATION	CO-LOCATION	BILLED	THIS PERIOD
1						\$
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31	TOTAL				total hours	\$

SECTION II - NET AMOUNT REQUESTED

G	NET AMOUNT REQUESTED	\$
H	YEAR TO DATE AMOUNT CLAIM	\$

Payment on this claim may be delayed or withheld if this request for reimbursement contains any errors or omissions.

COUNTY USE ONLY

Amount Requested: \$ _____
 Carry Forward Amount: \$ _____
 Total Amt. Payable: \$ _____

By _____ Date _____

LIMITED BY MONTHLY ALLOCATION

Total Amount Payable:
 \$ _____

By _____

Authorized Signature _____

DATE _____

<u>Sections</u>	<u>Sections</u>	<u>Sections</u>
SECTION I-PROVIDER SERVICE DETAIL	Staff Member Names	Enter staff member name.
	Budgeted Position	Enter budgeted position name. Budgeted position names can be listed as, but not limited to, "CENS counselor", "CENS navigator", "SUD counselor", etc.
	Service Population	Select one of the dropdown items for Service Population. The service population will allow DPH-SAPC to bill the correct funding source for each CENS counselor and their assigned co-location. AB 109 = Criminal Justice co-locations DPSS CW (CalWORKs) = CENS Area Office DPSS FSC (Family Solutions Center) = Family Solutions Center DPSS GR (General Relief) = Area Office Measure H = Permanent Supportive Housing Sites SABG = Project Roomkey/Homeless Outreach/Physical Health/Developing Opportunities Offering Reentry Solutions (DOORS) Realignment 2010 = Adult Drug Court JJCPA = Juvenile Halls, VC 23649 = DUI Program DMH-UCC = Urgent Care Centers
	Assigned Co-location	Enter the exact assigned co-location name and address.
	Hours Billed	Enter the total hours billed for each co-location. Hours may be entered up to two decimal points.
	Amount Claimed this Period	Enter amount claimed for this period. This amount must be the hours billed multiplied by the contracted hourly rate (\$73.30).
	Total	Enter the totals for "Hours Billed" and "Amount Claimed this period dollar amount".
	SECTION II - NET AMOUNT REQUESTED	Net Amount Requested
Year to Date Amount Claim		Enter the running total of the Net Amount Requested for the fiscal year (FY 20-21).

All official invoices must be signed and dated. Send PDF and electronic copies to appropriate DPH-SAPC Finance staff and DPH-SAPC CENS staff.