

EXHIBIT G

Our Kids of Miami-Dade/Monroe, Inc.

INVOICE PACKAGE CHECKLIST

PROVIDER NAME: \_\_\_\_\_

SERVICES RENDERED : **Intensive Family Preservation Services**

MONTH OF SERVICES : \_\_\_\_\_

**Monthly Services**

Monthly Invoice

Monthly Report

**Supporting Documentation**

PSSF Monthly Match Collection Report

PSSF Services Monthly Report Form

IFPS Closing Summary

**Additional Reports**

Quarterly Performance Data Corrective Action Plan (if applicable)

Corrective Action Response (If applicable)

Other Documentation Requests, if applicable. Please state: \_\_\_\_\_

Annual Report

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Invoice Package Returned to Provider on \_\_\_\_\_

Our Kids Comments:

\_\_\_\_\_

Reviewed & approved by  
Prevention Specialist: \_\_\_\_\_

Date: \_\_\_\_\_

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Invoice Sample

**Provider Letterhead**  
and Contact Information

**INVOICE**

**BILL TO:**  
**Name** Our Kids of Miami-Dade\Monroe, Inc.  
**Attn:** Contracts Department Manager  
**Address** Rohde Building  
**City** 401 NW 2nd Avenue  
**Phone** Suite S-10<sup>th</sup> Floor  
Miami, FL 33128

**Date:**  
**Invoice No.**  
**Program** IFPS  
**Service Month**

UNITS	DESCRIPTION OF SERVICE	DAILY RATE	NO. OF DAYS	TOTAL
	Case Closures (by family)			
	Extensions (by family)			
			SUBTOTAL	
		ADJUSTMENTS		
CERTIFIED			<b>TOTAL</b>	\$ -

SIGNATURE  
NAME  
POSITION  
DATE

I certify that the goods and/or services itemized on this invoice have been authorized by Our Kids of Miami-Dade Monroe, Inc..