

ANNEX A – INVOICE

CHECK ONE:

- Parent Aide
 Early Intervention

COUNTY: GORDON

F.E.I. #: _____

SERVICE PERIOD: Hr. Wk. Mth. Qtr.

SERVICE PROVIDER: **PROFAMILY, LLC**
 ADDRESS: **PO BOX 1662**
DALTON, GA 30722-1662
EIN # 26-0663502

INVOICE PERIOD: From June 1, 2008 To June 30, 2008
 CLIENT: Mabelle Patterson CASE #: 9716963

CASEMANAGER: Bethany Spradley SERVICE MONTH: June 2008

# BILLED	COST/SERVICE	TOTAL INVOICED	SERVICE PROVIDED
UAS CODE: 573 STANDARD PARENT AIDE SERVICES			
X	\$ 50.00	\$50.00	One time Referral fee
	\$350.00		Per adult for group parenting class program
	\$150.00		Per child for a coexistent child service program
X	\$ 40.00	\$40.00	One time fee for written parenting skills materials
X	\$200.00	\$200.00	One time case management fee
1	\$ 30.00	\$30.00	Purposeful visitation @ \$30.00 per hour visit
	\$ 15.00		Per unannounced home visit when client was not home, made at case manager request, or "no show" appointment.
22	\$.505 /per mile	\$11.11	Travel (\$400.00 limit per case)
TOTAL		\$331.11	
UAS CODE: 551 EARLY INTERVENTION PARENT AIDE SERVICES			
	\$20.00		One time referral fee
	\$30.00		Purposeful visitation @ \$30.00 per hour visit. (10 visit maximum)
	\$30.00		Case Management fee: \$30.00 (One-time only)
	\$15.00		Unannounced home visit/"no show" visit: \$15.00
	\$.48 ½ per mile		Travel (\$150.00 limit per case)
TOTAL		\$	

SERVICE PROVIDER SIGNATURE _____

 (Joel Lyon)

COUNTY DIRECTOR OR DESIGNEE SIGNATURE: _____

DATE SUBMITTED TO DFCS: 07/10/2008 DATE RECEIVED BY DFCS _____

DATE SUBMITTED TO ACCOUNTING FOR PAYMENT: _____