



## Florida Association of Centers for Independent Living James Patrick – Personal Attendant Services Program Proof of Payment Form

All documentation is due by the 10<sup>th</sup> of the month following the month services are received. For all requests received by 5pm on the 10<sup>th</sup> of the month will receive their funds by the 20<sup>th</sup>. Requests received after 5pm on the 10<sup>th</sup> of the month will receive their payment by the 20<sup>th</sup> of the next month. **Complete a form for each PCA.**

Participants Name: \_\_\_\_\_

Month Services Provided: \_\_\_\_\_ Year: \_\_\_\_\_

PCA Name: \_\_\_\_\_

**Total Due PCA:** \_\_\_\_\_ hours @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_  

# of hours
Hourly rate
Total Due PCA

Date	Method of Payment (Select One)				Amount
	Cash	Check #	Money Order	EFT	
<b>Total Paid to PCA:</b>					<b>\$</b>

I attest the above information, including the financial transactions is true and correct.

\_\_\_\_\_  
*PCA Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Participant Signature*

\_\_\_\_\_  
*Date*

*Participants may submit their form and documentation via the following:*

Mail to:	Fax to:	Email to:
325 John Knox Rd, Bldg C, Ste. 132, Tallahassee, FL 32303	850-575-6093 <b># of pages</b> _____	jppas@floridacils.org