



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

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Please attach:**

- Proof of Payment Form for each PCA** (totaling the actual amount paid – even if greater than reimbursement.)
- Timesheet for each PCA** (completed with dates, name, hourly rate, and signed by you and your PCA).

## HOW TO GET PAID

**Mail** at no charge to the following address in the amount of \$ \_\_\_\_\_

Check will be sent to address on file, please update below if your address has changed:

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

--OR--

**Direct Deposit** into your bank account \$ \_\_\_\_\_ - **\$3 fee** = \$ \_\_\_\_\_

*Bank information must already be on file with FACIL.*

### Monthly Check-In:

Please Complete **ALL** Questions

	<u>YES</u>	<u>NO</u>
1. This month, did you receive:		
a. SSI/SSDI cash benefits?	<input type="checkbox"/>	<input type="checkbox"/>
b. Unemployment Compensation?	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicaid Waiver?	<input type="checkbox"/>	<input type="checkbox"/>
2. Were you employed for the entire month?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If no:</b> Last date of employment _____		
3. Were you out of work for medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes:</b> Are you currently on FMLA?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>

*I attest the above information is true and correct. If the documentation is proven to be fraudulent the participant may be immediately terminated from the Program and other necessary action may be required.*

\_\_\_\_\_  
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> _____	<b><a href="mailto:jppas@floridacils.org">jppas@floridacils.org</a></b>