



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).

Direct Deposit (Maximum Reimbursement Amount) into your bank account \$ _____

Bank information must already be on file with FACIL.

Total PCA expenses (For informational purposes: Total you spent) \$ _____

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 Home and Community Based Services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were you employed for the entire month? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no: Last date of employment _____ | | |
| 3. Were you out of work for medical reasons? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes: 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 that all of the information submitted with this request for reimbursement from the JPPAS program is true and correct. I am aware that submitting false information to support this request is considered fraud and is grounds for termination from the program and other legal action that may be warranted.

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 # of pages _____	<i>jppas@floridacils.org</i>