



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

Participants Name: _____

Month Services Provided: _____ Year: _____

PCA Name: _____

Total Due _____ hours @ \$ _____ = \$ _____
PCA: _____
of hours Hourly rate Total Due PCA

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

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.

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 # of pages _____	jppas@floridacils.org