

Invoice Submission Guidelines

Region 6

New Britain – Meriden

Only pre-approved services will be reimbursed. You must receive an approved Wrap Service proposal prior to services commencing and services extending. If you do not receive the approved proposal do not initiate the service, this also applies to reauthorizations to continue services.

Submission of all invoices should be made to DCFregion6.wafinvoice@ct.gov . “New Britain” or “Meriden”, depending upon the office you are invoicing, along with Social Workers First and Last Name should be indicated in the email subject line.

If you do not have email or scanning capability, forward invoices through the Region 6 RightFax Number **(860) 920-3124** which converts fax to an electronic attachment and is directly linked to the WAF Invoice Mailbox.

To avoid duplication and delays in payment processing, please **do not** cc or send any invoices directly to the Office Assistant, DCF Social Worker or their Supervisor.

Each invoice submitted must include the following information:

- Provider name and Provider ID number
 - Name of your employee who provided the service
 - Unique invoice number
 - DCF Social Worker name
 - LINK Case ID number
 - Name and LINK ID number of child receiving service (if parent is receiving service, the child’s name and ID should be listed)
 - Specific service provided
 - Specific dates of service
 - Attach DCF approved documentation form for each visit/session
 - For Daycare Providers, if you are receiving any payments from Care 4 Kids, please note the amount on the invoice
 - Invoices should be billed by the 10th of the following month for services that were provided
- Any incorrect invoice submitted will be returned for revision and re-submission.
 - Any invoice missing the above required information will be returned for revision and re-submission.
 - Failure to adhere to our invoice submission requirements will delay payment processing.

DCF Region 6 Grants & Contracts Specialist

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