

Invoice #:	
Date:	

			Provider Informat	ion				
Company Name			DCF Provider ID#:					
Provider Logo		Address	City		State	Zipcode		
			Address	·		Otate	Zipcode	
		Phone:		Email:				
- " 0 11			Child Information					
Family Case Name:				Family Case II Person ID:):			
Child Name: Other children associated with billing (For Supervised Visits Only):				Person ID.				
Other officient as	3300iate	od with billing (7 67 60	pervised visits only).					
			DCF Information	n				
DCF Social Wor	ker Nar	ne:	Doi informatio	Regional Off	ice:			
DCF Address:								
Phone:			Address	City		State	Zipcode	
			Services Informat	ion				
Credentialed Service		4220 4524	Animal Assisted Interventions (A	AI) \$50/hr		150	* * * * * * * * * *	
			Assessment (C/Y) Negotiated Assessment (DV) \$112/hr		_	pervised Visitation pport Staff \$39/hr	\$55/hr	
After School (Cir			CHAP/CHEER Case Mngmnt \$47	/hr or \$34 per diem		erapeutic SS \$45/h	nr	
After School (Trad 8-12) \$204 or \$408			Comm. Based Life Skills \$56/hr			Temporary Care \$27/hr		
			Service Billing Inforr	nation				
Service Date Individual Providing (one date per line) Service		Service Details	Rate of Servi		Hours of Service	Total		
. ,								
						Total:		