

Mail Payment? Yes No
(Checks left at Cornucopia will be mailed on the 3rd business day following the check date)



FAMILY LIVING PROVIDER SERVICES STATEMENT

Statement is due by the 1st of each month. Payday is the 15th of each month

Family Provider Name

Phone number

Address

City

State

Zip

Participant Name: _____

FAMILY LIVING PROVIDER SERVICES FOR:

Month: _____ Days: _____ to _____ Year: _____

Participant was not under my care on the following dates:

From: _____ / _____ / _____ To: _____ / _____ / _____

OFFICE USE ONLY:

FL amount: _____ Full Prorated: from _____ to _____

Respite amount + _____ (See attached voucher)

Deduction(s) - _____

TOTAL: = _____

Provider Tax ID # _____

☆☆ I have provided the participant a minimum of \$80.00 this month for personal use ☆☆

Family Living Provider Signature / Date

Cornucopia Staff Signature / Date