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**WORK SERVICES PROGRAM**

**FAMILIES FIRST DISCOVERY AND PROFILE INVOICE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Provider Name and PVN: Click here to enter text. | | | | Client: Click here to enter text. | | Date: Click here to enter a date. | | |
|  | | | | | | | | |
| **Dates of service:** | **Meeting ($20 hour)** | **Discovery ($35 hour)** | **Appointment description:** | | **Location:** | | **Start / End Time** | **Total Time** |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | Click here to enter text. |
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| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | Click here to enter text. |
| **Totals:** | Click here to enter text. | Click here to enter text. |  | |  | |  | Click here to enter text. |

Reviewed by Facilitator: Choose an item. Review: Choose an item. Invoice Type: Choose an item.

The amount invoiced is necessary and correct to the best of my knowledge.

Discovery Specialist Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date. Payment Method: Choose an item.

Amount Invoiced: Click here to enter text. Collocation Code: Click here to enter text.

Family First Facilitator Signature:\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date. Program Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

**Comments:**

**This invoice requires both Discovery Specialist and Family First Facilitator signature. Unsupported billings will not be paid.**