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**WORK SERVICES PROGRAM**

**FAMILIES FIRST DISCOVERY AND PROFILE INVOICE**

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| --- | --- | --- |
| Provider Name and PVN:  | Client:  | Date:  |
|  |
| **Dates of service:** | **Meeting ($20 hour)** | **Discovery ($35 hour)** | **Appointment description:** | **Location:** | **Start / End Time** | **Total Time** |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| **Totals:** |  |  |  |  |  |  |

**Reviewed by Facilitator:** Yes [ ]  No[ ]  **Review:** Approved [ ]  Denied [ ]  Returned [ ]  **Invoice Type:** Monthly [ ]  Final [ ]

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

|  |  |  |  |  |  |  |  |  |
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| Discovery Specialist Signature: |  | Date: |  | Preferred Payment Method: | Warrant: |  | EDI: |  |

|  |  |
| --- | --- |
| Amount Invoiced:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Collocation Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- |
| Families First Facilitator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_\_ | Program Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_\_\_ |

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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