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**WORK SERVICES PROGRAM**

**FAMILIES FIRST DISCOVERY AND PROFILE INVOICE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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.

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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.**