



Alaska Department of Health  
Division of Public Assistance

**ATAP Work Services Grievance Invoice**

|                   |                 |                  |  |                       |
|-------------------|-----------------|------------------|--|-----------------------|
| Grievance Month:  | Date Completed: | Contract Year:   | DPA Reviewer:  | Date Reviewed by DPA: |
| Service Provider: |                 | Contract Number: | Invoice Number:<br><input type="checkbox"/> Original <input type="checkbox"/> Revised/Revision Date: _____ |                       |

**Performance Billing**  
(Completed by Work Services Provider)

| Metric                             | Original |     |      |                    | Approved Grievance |     |      |                    |
|------------------------------------|----------|-----|------|--------------------|--------------------|-----|------|--------------------|
|                                    | Possible | Met | Rate | PFP Total Approved | Possible           | Met | Rate | PFP Total Approved |
| 1. Employed on 90 days             |          |     |      | \$                 |                    |     |      | \$                 |
| 2. Cases that closed with Earnings |          |     |      | \$                 |                    |     |      | \$                 |
| 3. Cases that Don't Return         |          |     |      | \$                 |                    |     |      | \$                 |
| 4. Overall Participation           |          |     |      | \$                 |                    |     |      | \$                 |
| 5. Two Parent Participation        |          |     |      | \$                 |                    |     |      | \$                 |
| 6. Job Development                 |          |     |      |                    |                    |     |      | \$                 |

Attach all Grievance documentation:

Grievance Payment \$

Contractor Signature:

Date:

Printed Name:

Contact Phone Number:

Notes:

DPA Approval Signature:

Date:

**DOH Use Only**

Encumbrance Number:

PVN:

Pay from line \_\_\_\_

Payment amount: \$\_\_\_\_\_.

Payment Method: ☐ EDI Transfer ☐ General Warrant