NORTH DAKOTA FAMILY CAREGIVER SUPPORT PROGRAM (FCSP) PROVIDER SERVICE LOG-INDIVIDUAL

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING SERVICES
SFN 135 (11-2023)

Clear Fields

FOR OFFICE USE ONLY

☐ Approved for Payment	
Date	Total Amount Approved
Initials	Initials

Complete the entire form, sign and send the original copy to:

Aging Services Staff	Email Address		
Address	City	State	ZIP Code

SECTION 1. INDIVIDUAL REQUESTING REIMBURSEMENT FOR SERVICES

Provider Name	Email Address	Telephone Number	
Address	City	State	ZIP Code

SECTION 2. FAMILY CAREGIVER ENROLLED IN FCSP

Caregiver Name	Month and Year of Billing Period

Type of Service Received (Check One)
☐ Respite Services ☐ Supplemental Services (See Attached Receipts)

Insert the day, the times of service, and number of hours or days of service that were provided to this caregiver.

Date	Start Time	End Time	Number of Hours or Days of Service	Caregiver Signature

_____Days x Established Daily Rate of $ _____ = $ _____

_____Hours x Established Hourly Rate of $ _____ = $ _____

(Per day hourly reimbursement total cannot exceed the allowable maximum daily rate)

Total Amount Requested	FOR OFFICE USE ONLY Total Amount Requested

SECTION 3. CERTIFICATION AND AGREEMENT OF PROVIDERS

This is to certify that the foregoing information is true, accurate, and complete. That services herein charged were actually rendered and were rendered under the conditions specified. I understand that payment and satisfaction of this claim will be from federal and or state funds, and accept, as payment in full, the amounts paid, and that any false claims, statements, or documents or concealment of a material fact, may be prosecuted under applicable federal or state laws.

☐ **By checking this box you certify that the information listed in the vendor registry is true and complete for your reimbursement request to be processed.**

By typing my name below, I am signing this Provider Service Log electronically. I agree that my electronic signature is the legal equivalent of my handwritten signature

Signature	Date