



**MONEY FOLLOWS THE PERSON (MFP) TRANSITION ADJUSTMENT SUPPORTS
BILLING WORKSHEET**
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING SERVICES-MFP
SFN 1956 (12-2023)

Consumer Name
Month Billed
Tasks Approved

Instructions: Record the number of hours to the closest 15-minute interval and document, by number, the services provided each day services are provided.

Day	Hours	Tasks
24	3.45	1,2,4,6,8

Day	Hours	Tasks
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
Sub Total		Transfer to Column 2

Day	Hours	Tasks
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
Sub Total from Col 1		
		Total Number of Hours of Service Provided

Qualified Service Provider Signature	Date Signed
Qualified Service Provider Number	

Mail completed worksheet to: **OR** Email completed worksheet to: kbtrzpuc@nd.gov
MFP Program Staff
520 3rd Ave NW
Jamestown, ND 58401

INTERNAL OFFICE USE ONLY

Total Hours	X	Established Rate	=	Total Amount Approved	Billing Code
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