

Vouchered Services Billing Form

Instruction to the Vendored Family Member (Vendor): To get money back for the vouchered services you purchased, you must fill out and sign this form. If you used an individual Worker – not an agency or facility – you must also ask each Worker to fill out the *Worker's Certification* on the back of this form.

Both you and the Worker must fill out this form truthfully and sign it. Then, turn it in to the Regional Center.

Use one form for each consumer and each service, if vouchered for more than one.

Please contact your regional center if you have any questions.

– Use blue or black ink and print clearly –

- ① **Consumer Name:** _____
(First) (Last)
- ② **Vendored Family Member Name:** _____
(First) (Last)
- ③ **Vendor Address:** _____
(Street) (City) (Zip Code)
- ④ **Vendor Phone #: ()** _____
- ⑤ **Unique Client Identifier (UCI) No.:** _____
- ⑥ **Vendor #:** _____
- ⑦ **For Services Provided: (Month)** _____ **(Year)** _____

Date of Service (MM / DD)	Address Where Vouchered Services Were Given (if different than in 3 above)	Name of Worker, Agency or Facility Used	Start Time	End Time	# Hours Worked	Amount Billed (\$)
Total Hours and Amount Billed						

- Worker's Certification -

If you are an individual Worker – not an agency or facility – you must fill out and sign below.

– Use blue or black ink and print clearly –

Worker Name: _____
(First) (Last)

Phone #: () _____ Nursing Lic.# _____

SSN #*: _____

Address: _____

I certify I gave vouchered services to the consumer listed on this form at the address, dates and times shown. I understand if I give information that is untrue, I may be fined or go to jail.

X _____ Date: ____ / ____ / ____
(Worker #1 Signature)

If more than one Worker was used, Worker #2 must fill out and sign below:

– Use blue or black ink and print clearly –

Worker Name: _____
(First) (Last)

Phone #: () _____ Nursing Lic. # _____

SSN #*: _____

Address: _____

I certify I gave vouchered services to the consumer listed on this form at the address, dates and times shown. I understand if I give information that is untrue, I may be fined or go to jail.

X _____ Date: ____ / ____ / ____
(Worker #2 Signature)

* We will use your Social Security number to verify your statements on this form and to confirm compliance with all applicable laws and regulations. If you do not provide this information truthfully, you will not be paid or reimbursed for these services. If you do not have a Social Security number, write what type of proof of eligibility for employment you gave your employer.

- Vendored Family Member's Certification - Page 2 of 2

- ① My family member received all the vouchered service hours reported on this form. I understand that I can only bill for the services actually given to my family member by a Worker, agency or facility. I cannot provide the service myself. The consumer can receive the service at a relative's home.
- ② I must keep printed copies of all vouchered service records for 5 years. The records must include all of the following:
 - dates of service
 - address where the services were provided
 - name/s of the Worker/s, agency or facility
 - proof of payment (like cancelled checks, signed cash receipts, money orders, cashiers checks, payroll or bank statements, etc.). If I provide receipts for cash payment, I must also provide payroll records/documents and/or bank statements.
- ③ If I used an individual Worker – not an agency or facility – I must also keep records of each worker's:
 - date of birth
 - address
 - phone number, and
 - Social Security number or a copy of the proof of eligibility for employment given to me by my worker.
- ④ Any authorized county, state or federal agency can audit me and I agree to show the information and records listed above to the auditor.
- ⑤ I did not choose my Worker/s based on race, religion, color, national or ethnic origin, sex age, or physical or mental disability. The Worker/s I chose were at least 18 years old. I made sure any Worker/s hired had the skills, training, or education to provide the vouchered services. I also made sure they were trained to take care of any special supports or needs listed in the consumer's IPP or IFSP.
- ⑥ The government may consider me the Worker/s' employer. I may be responsible for withholding federal, state, and local taxes from the Worker/s' wages and for paying and reporting the Worker/s' payroll taxes and wages to the IRS and the Employment Development Department (EDD). I may also have to provide Workers' Compensation for the worker/s I hire. If I do not know how to do this, it is my responsibility to contact a tax consultant, IRS or EDD or a Worker's Compensation carrier for more information. I declare under penalty of perjury, that the above information and the information on page 1 are true and correct. I also declare that I am the only person who employed, supervised, and assigned duties to the Worker/s listed on this form. I have read and followed all vouchered service program requirements on the Disclosure of Information form and the terms and conditions listed above.
- ⑦ All information on this form is correct and complete. I understand if I knowingly give information that is untrue, I may be fined or go to jail.

– Use blue or black ink –

X _____ Date: ____ / ____ / ____
(Vendor Family Member Signature)