



# DISCHARGE GRANT ITEMIZED INVOICE

ATTACHMENT A

[Submitted per child as per FY17 Interim Discharge Grant Guidance]

AGENCY NAME:			
DATE:		CONTRACT #:	
CASE NAME:		DATE OF DISCHARGE:	
CASE #:		DISCHARGE TYPE:	
CHILD NAME:	Indicate: Trial or Final		
CIN #:			
DATE OF BIRTH:			

PROGRAM DIRECTOR NAME	APPROVAL DATE	FACILITY ID	PROGRAM
SIGNATURE: _____			

	Description	Quantity	Unit Price	Line Total
1			\$	-
2			\$	-
3			\$	-
4			\$	-
5			\$	-
6			\$	-
7			\$	-
8			\$	-
9			\$	-
10			\$	-
11			\$	-
12			\$	-
13			\$	-
14			\$	-
15			\$	-
16			\$	-
17			\$	-
18			\$	-
19			\$	-
20			\$	-
21			\$	-
22			\$	-
23			\$	-
24			\$	-
25			\$	-

<b>TOTAL</b>	<b>\$</b>	<b>-</b>
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Attestation by parent/guardian or youth

Attestation: I certify that I am in receipt of services, goods and/or funds documented in this invoice:

NAME: \_\_\_\_\_ (Please Print)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# DISCHARGE GRANT DETAIL REIMBURSEMENT REQUEST FORM

MONTH OF SUBMISSION: \_\_\_\_\_  
Select Month Select Year

AGENCY: \_\_\_\_\_

	Child Name	Date of Birth	CIN #	Case Name	Case #	Initial Date of Placement	Goal	Facility ID	Discharge Type: Trial or Final	Date of Discharge	Amount (\$)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

**TOTAL**    \$    -

**Attestation by Case/Child Planning Supervisor**

Attestation: I attest that the child/youth listed above meets the discharge grant eligibility criteria outlined in the FY 2017 Interim Discharge Grant Guidance

\_\_\_\_\_

Case/Child Planning Supervisor Name (PLEASE PRINT)

\_\_\_\_\_

Date

\_\_\_\_\_

Case/Child Planning Supervisor Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Telephone

\_\_\_\_\_

Email Address

**Attestation by Case/Child Planning Director**

Attestation: I attest that the child/youth listed above meets the discharge grant eligibility

\_\_\_\_\_

Program Director Name (PLEASE PRINT)

\_\_\_\_\_

Date

\_\_\_\_\_

Case/Child Planning Supervisor Signatu

\_\_\_\_\_

Date

\_\_\_\_\_

Telephone

\_\_\_\_\_

Email Address