

Blair Senior Services, Inc.
Family Caregiver Support Program
MONTHLY SERVICES REQUEST FOR REIMBURSEMENT

Caregiver Name: _____ For the Month of: _____
Month / Year

Hired Helper Name: _____

Date	Time In	Time Out	Total Time	Cost per Hour	Total Cost	Comments
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						
26						
27						
28						
29						
30						
31						

TOTAL COST THIS PAGE

\$

I affirm that the above expenses are true and correct and were incurred on behalf of my caregiving situation. I also affirm that the above named hired helper is not a relative of either myself or my carereceiver. I further understand that any falsification of information, expenses, and /or actual costs will result in my reimbursing Blair Senior Services, Inc.

 Caregiver Signature Date

 Hired Helper Signature Date

 Care Management Worker Signature Date

 Supervisor Signature Date

Instructions for completion of this form are on the back.

Instructions for FCSP Monthly Services Request for Reimbursement Form

Step 1: Fill in your name, the hired helper's name, and the month and year for which this time sheet will be completed.

Step 2: The days of the month are prefilled for you. Beside each day of the month that your hired helper works, provide the information requested, as follows:

"Time In" is when the hired helper starts work

"Time Out" is when the hired helper finishes work

"Total Time" is the total number of hours the hired helper worked on this date

"Cost per Hour" is amount the hired helper charges you per hour

"Total Cost" is the total amount you paid the hired helper for working on this date

Use a separate form for each calendar month. Family Caregiver reimbursement requests are processed based on monthly costs.

Step 3: You are to sign on the "Caregiver Signature" line after all services for the month have been provided.

Step 4: The hired helper is to sign on the "Hired Helper Signature" line after all services for the month have been provided.

Step 5: Submit completed forms to Blair Senior Services, Inc., 1320 Blue and White Avenue, Altoona, PA 16601-3308. This agency's office hours are as follows: Monday thru Friday 8:00 a.m. - 4:00 p.m. Forms must be submitted no later than the last day of the month following the month of service. For example, request forms for the month of August must be postmarked or hand-delivered no later than September 30.

NOTE: FAILURE TO COMPLETE THE FORM CORRECTLY WILL RESULT IN THE FORM BEING RETURNED TO YOU. YOU WILL NOT RECEIVE YOUR REIMBURSEMENT UNTIL THE FORM IS COMPLETED CORRECTLY.