Aging and Disability Services

**Distribution of Program Income for Services by Prime Agency of Case**

# In-Home and Respite Provider Payment Request

## PROVIDER AGENCY: REPORT MO-YR:

Record the amount of “program income” **received** from the clients this month. Dollar amounts should be totaled by *prime agency* of clients (who submitted fees) and by *program/service* category, as indicated on column headings. Totals for services should match totals on payment request form submitted to ADS.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Prime Agency/District Center | Home Care/Personal Care | Alzheimer's Personal Care |  Day Care | Alzheimer'sDay Care | Respite |  Shopping |  Alzheimer's Respite |
| East District Center (EC) |  |  |  |  |  |  |  |
| Mid District Center (ME) |  |  |  |  |  |  |  |
| N/NE District Center (NE or UL) |  |  |  |  |  |  |  |
| SE District Center (PT) |  |  |  |  |  |  |  |
| West District Center (DT or FH or NH) |  |  |  |  |  |  |  |
| PI – MPI |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Totals |  |  |  |  |  |  |  |