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**ROOM AND BOARD REIMBURSEMENT FORM**

**Instructions**: An individual form must be submitted monthly for each facility seeking reimbursement for providing room and board to a client. The form must be submitted to the regional office in which the facility is located. The form must be received by the Agency within 90 days from the end of the month for which reimbursement is sought. Failure to timely submit a completed form will result in a reimbursement denial. Column G shall be completed regardless of whether the facility is the representative payee. Each field below must be completed accurately.

**Provider Name**:       **Facility Address**:       **Phone**:      **Email**:

**Vendor ID Number**:      **Facility License** **Number**:       **Month/Year of Service Provided**:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | A | B | C | D | E | F | G | H |
|  | Client Name | Client under 22? (yes/no) | SSI Payment[[1]](#footnote-2)(if applicable) | All Other Third-Party and Benefits, Not Including SSI[[2]](#footnote-3) (if applicable) | Total Monthly Third-Party Benefits and Benefit Payments (total of C plus D) | Personal Needs Allowance (Rule 65G-2.018) | Remainder(Subtract F from E) | Total Reimbursement Payment($583.42 – G)(Rule 65G-13.008(2)) |
| 1 |       |       |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |       |       |
| 5 |       |       |       |       |       |       |       |       |
| 6 |       |       |       |       |       |       |       |       |
| 7 |       |       |       |       |       |       |       |       |

(Attach additional pages if needed)

Comments: (Only if necessary)

**Provider Certification**

I verify that the above to be accurate and in agreement with the books and records of the facility named above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name       Title       Date

Signature

1. The Supplemental Security Income (SSI) program provides monthly payments to adults and children with a disability or blindness who have income and resources below specific financial limits. SSI payments are also made to people aged 65 and older without disabilities who meet the financial qualifications. [↑](#footnote-ref-2)
2. This includes moneys received by or owing to a client or responsible party because of the client’s need for or receipt of services such as those provided by the Agency. Such benefits include but are not limited to: cash payments from retirement, survivors, or disability insurance; payments from other non-SSI social security programs such as railroad retirement and the United States Department of Veterans Affairs; and benefits from insurers, Medicare, and workers’ compensation. [↑](#footnote-ref-3)