

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.

	A	В	C	D	E	F	G	Н
	Client Name	Client under 22? (yes/no)	SSI Payment ¹ (if applicable)	All Other Third-Party and Benefits, Not Including SSI ² (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								
	nments: (Only if necessary)	curate and i	in agreement v	Provider Certi ty vith the books and records		above.	(Attach add	itional pages if needed
Sign	ature	 	Name	Title Date				

benefits from insurers, Medicare, and workers' compensation.

APD Form 65G-13.008 A, effective

Rule 65G-13.008, F.A.C.