ARIZONA DEPARTMENT OF ECONOMIC SECURITY Rehabilitation Services Administration

STATEMENT OF SERVICES RENDERED

(Provider completes and submits monthly)

Client's N	ame <i>(Last, F</i>	First, Midd	le):						
Month an	d Year:								
Attend	lant Care	Interpreting Child Care			Reading Note Taking			Peer Tutoring	
Day of the Month	Number of Hours Provided	Day of the Month	Number of Hours Provided	Day of the Month	Number of Hours Provided	Day of the Month	Number of Hours Provided	Day of the Month	Number of Hours Provided
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									•
		J							
Total Ho	urs:	Hourly Rate:				Total Amount Due:			
For Child	l Care:								
Total Half	Days:	Half Day Rate:				_			
Total Full Days: Full Day Rate:									
personally upon servic	y. This State vice. This fo es .	ment of Se rm is not	ervices Rend an authoriz	lered is pr ation for	statement of Stesented for a services an	actual time d does no	e spent in pro ot obligate A	oviding the	agreed r payment
Provider \$	Signature:								
	nat the numb vided on my l		s/days listed	on the Sta	atement of S	ervices R	endered wer	e provided	I to me or
Client Signature:									

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact your local RSA office; TTY/TDD Services: 7-1-1