

PASSS BILLING FORM

TO: GEAUGA COUNTY JOB AND FAMILY SERVICES
 12480 RAVENWOOD DRIVE
 P.O. BOX 309
 CHARDON, OH 44024

FROM: _____

 PHONE: _____

SERVICES FOR: (Month) _____ (Year) _____
 PROVIDER: _____

FOR THIS PROVIDER, FILL IN ON THE DATE THE CHILD RECEIVED SERVICES, THE AMOUNT OF TIME SPENT WITH PROVIDER. THIS FORM MUST BE COMPLETED MONTHLY AND MAILED INTO GCJFS. BILLS WILL NOT BE PAID WITH OUT YOUR VERIFICATION THAT YOUR CHILD RECEIVED SERVICES.

CHILD #1:	
1.	17.
2.	18.
3.	19.
4.	20.
5.	21.
6.	22.
7.	23.
8.	24.
9.	25.
10.	26.
11.	27.
12.	28.
13.	29.
14.	30.
15.	31.
16.	

CHILD #2:	
1.	17.
2.	18.
3.	19.
4.	20.
5.	21.
6.	22.
7.	23.
8.	24.
9.	25.
10.	26.
11.	27.
12.	28.
13.	29.
14.	30.
15.	31.
16.	

Parent (Print Name): _____

Parent Signature: _____