



ALL KIDS FIRST

“enhancing your child’s potential”

Child’s Name: _____ Month/Year: _____

Service Provider Name: _____

Note to Parent/Guardian/Caregiver: Your signature on this document verifies that the service was provided on the date and the times listed below. This signature also verifies receipt of services for reimbursement. Please DO NOT sign after the blank, incomplete, or incorrect lines.

DATE OF SERVICE	BEGINNING TIME	ENDING TIME	SIGNATURE OF PARENT GUARDIAN / CAREGIVER	DATE

By signing below, I certify that I provided the services listed above. I further acknowledge that the original signed voucher must accompany the bill submitted along with data collection sheets. All bills submitted for payment without this ORIGINAL voucher will be declined.

Signature of Individual Provider: _____ Date: _____