



Request for Payment

For use in NJ Division of Developmental Disabilities Fiscal/Employer Agent Model of Self-Direction, administered by Public Partnerships LLC

Invoice Date:	PO Number (if applicable):	Payee type: <input type="checkbox"/> Vendor <input type="checkbox"/> SDE
Individual Name:	Individual DDD ID:	
Vendor/SDE Name:	Vendor FEIN/SDE PPL ID:	
Vendor/SDE Phone:	Vendor/SDE Email:	

Payments are issued to the vendor/self-directed employee (SDE) only. Payment checks are mailed to the vendor/SDE's address on file unless a different address is requested. To request to have the payment check for this invoice only mailed to a different address, check the box below and identify the name and address where the check will be mailed:

Mail vendor/SDE payment check to (name): _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Date of Service (mm/dd/yy)	Start Time (am/pm)	End Time (am/pm)	Procedure Code	Plan Number	Outcome Number	Service Number	Number of Units Rendered (whole #s Only)	x Unit Rate	= Total Per Line
									\$
									\$
									\$
									\$
									\$

FOR PAYMENT TO BE ISSUED:

Total Payment Requested: \$

- Copy of vendor quote/invoice or vendor/SDE receipt **MUST** be included with this form, and billed amount(s) must match invoice/receipt amount(s).
- Copy of the vendor's IRS Form W-9 must be on file with Public Partnerships LLC (PPL). This does not apply to SDEs.

I certify that the representations made on this Request for Payment are true, accurate and correct, and that if any statements are willfully false, I may be subject to punishment, including suspension, debarment, or disqualification from participating as a vendor in state or federal programs, as well as criminal sanctions, as may be applicable. I understand that payment will be from federal and/or state funds, and that any falsification or concealment of a material fact may be prosecuted under federal and state laws.

Vendor Representative or Self-Directed Employee	Individual, Employer of Record, or Authorized Representative for the Individual Receiving Services
Name:	Name:
Signature:	Signature:
Date:	Date:



Submit Request for Payment to Public Partnerships by email: njddd@pcgus.com or by fax: 1-844-561-5978
For faster processing, please fax/email only one invoice and receipt combo per fax/file attachment.

Questions? Call Public Partnerships Customer Service at 1-844-842-5891



Home Instruction/Agency Hours Report

This Form covers (check one): ___ The 1st to 15th ___ The 16th to Close of this month _____, 20____

Client (Parent) Name (Last, First) _____ Student Name: _____

School District/Agency to be Billed: _____

Please Print Tutor/Coach Name (Last, First) _____ Grade: ____ Subject: _____

This Section To Be Completed By Client:

- I understand that this form will be used to document the delivery of home instruction services on behalf of my child's school, district, or other appropriate agency, and that the appropriate agency will pay for the delivery of these services.
- Non-Solicitation & Non-Recruitment: The client agrees to secure services of providers, for the client or any other person or entity, only through ACTual Solutions. The client agrees not to recruit, for the benefit of any person or entity, any service provider the client became acquainted with through ACTual Solutions.
- I understand that I am responsible for personally, carefully, and closely supervising all tutoring/coaching sessions.
- I will sign in the last column of the form below: 1) ONE DAY AT A TIME; 2) After I have verified that the hours reported are accurate; 3) After services have been provided.
- I understand that it is important to adhere to a regular schedule. I will give my tutor/coach at least a 24 hour notice if I need to cancel a session. I understand that I will be charged for one hour of service if I cancel a session without such notice.

I have read and understand the above: _____ / _____

Parent/Client Signature

Date

Service Delivery Log				Client Signature
Date	Time Began	Time Ended	Service Time	
Total At End Of This Period			Hrs.	

Tutor's/Coach's Certification: As a sub-contractor, I personally provided education services to the above noted ACTual Solutions client and I certify, as specified in my written agreement with ACTual Solutions, that:

- 1) This form accurately reflects services rendered by me to this client ;
- 2) I have maintained the highest level of confidentiality with respect to ACTual Solutions and/or its clients;
- 3) I have not provided education related services to this (or other) ACTual Solutions Clients outside of my agreement with ACTual Solutions;
- 4) I have not provided education related services [outside my agreement(s) with ACTual Solutions] to any person(s) I met through ACTual Solutions or ACTual Solutions clients.

Printed name of Tutor/Coach

Signature of Tutor/Coach / Date

Office Use:		[VB - 5/26/16]
C: _____	T: _____	
Tot: _____	R: _____	
Received: _____	Paid: _____	
Recorded: _____	Signed: _____	

Completing The Tutoring/Coaching Hours Report Form:

Line 1: Indicate whether the form covers the 1st or 2nd half of a month. Insert the month & year in the space provided.

Line 2: Insert the client name and the student's name.

Line 3: Insert your name and the subject(s) covered by the report.

The “This Section To Be Completed By Client” Section/Box:

- Your client **MUST sign and date the form in the designated space inside the box on EVERY** form submitted.

The “Service Delivery Log” Section:

- The Four Columns to the Left (“Service Delivery Log):
 - Insert the date of service, the time service began, the time service ended, and the total time for that session.
- The Client Signature Column: **Please have clients sign-off each day**, initials will not be accepted.

Payroll Reminder:

- Your Hours Report is to cover ONE pay period only. Pay periods are from the 1st of the month to the 15th of the month, and from the 16th of the month to the close of the month.
 - 1) 1st-15th Hours Reports are to be in our hands by the 23rd of the month. You will be paid on the 1st.
 - 2) 16th to close-of-the-month Hours Reports are to be in our hands by the 8th of the following month. You will be paid on the 15th of the month.
- To ensure that you are paid on time, please email all documents to billing@actual-solutions.com. Please be sure to review your paperwork to ensure all signatures are included.
- Your Hours Report shall not include erasures, white-out, etc. If a correction is necessary, have your client acknowledge the correction by signing next to the correction or complete a new form.
 - If your report is considered unacceptable, you will not be paid and the form will be sent back to you.
- Late Hours Reports create significant problems for your clients and significant problems for us. Late Hours Reports cause problems for us because our accounting system is based on Hours Reports and client bills being processed regularly, twice a month, please be sure to submit all sheets in a timely manner.