

UCP Central PA
Family Driven Support Services
55 Utley Drive
Camp Hill, PA 17011



Phone: (717) 737-3477 Fax: (717) 975-3333 Email: familysupportservices@ucpcentralpa.org

Individual's Name: _____

Parent/Caregiver Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

*PER COUNTY GUIDELINES, FDSS CANNOT MAKE PAYMENTS TO THE PARENT/CAREGIVER OR TO ANY OTHER MEMBER OF THE INDIVIDUAL'S HOUSEHOLD. **ALL PAYMENTS MUST BE MADE DIRECTLY TO THE PROVIDER OF THE SERVICE OR PRODUCT VENDOR.***

Provider Name: _____ Phone: _____

Provider Address: _____ City: _____ State: _____ Zip: _____

****Providers must complete all information prior to signing and have a w9 on file with UCP to receive payment for services provided. ****

Date of Service (MM/DD/YY)	Description of Services Provided	Number of Hours, Days, or Sessions	Shift Begin and Shift End Time (AM/PM)	Unit Cost, Rate of Pay	Total Cost

Invoices should be submitted monthly following completion of services. Payment cannot be processed if invoices are received with dates of service greater than six months/180 days.

Provider's Signature: _____ Date: _____

(I verify this information to be true and correct.)

Parent/Caregiver's Signature: _____ Date: _____

(I verify this information to be true and correct.)

ALL INFORMATION MUST BE COMPLETED AND SIGNED BEFORE PAYMENT CAN BE MADE.