

# COMMUNITY PARTICIPATION INVOICE FOR:

Month \_\_\_\_\_ Year \_\_\_\_\_

Community Participation Provided For: \_\_\_\_\_

Please enter the start time and end time for all Community Participation for each day.

Only count time the individual is in the community. Maximum 5832 quarter hour units per calendar year for combined CP and Wraparound

Date	Start Time	End Time	Total Hours
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Date	Start Time	End Time	Total Hours
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

Services provided by:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return form by the 3rd of the following month, payment will be made by the 20th.**

Mail form to:

Developmental Services  
Attn: Terri Dickey  
P.O. Box 628  
Dickson, TN 37056  
Revised 1/2020

**For office use only**

# of hours \_\_\_\_\_ X Rate \_\_\_\_\_

Total \_\_\_\_\_