

**Support Broker Invoice
and Service Documentation**

Support Broker's Name: _____

Self-Direction Participant's Name: _____

Support Broker's Authorization Number: _____

Self-Direction Participant's Medicaid CIN: _____

Invoice for the Month of (mo/year): _____

Put your initials in the "Initials" box for each date a service was provided. This is your attestation that service was provided on that day.

Date: Mo/Day	Time Worked: From/To	Minutes Charged	Service Description (Specify the <u>type of support</u> provided by the Support Broker)	Initials
Total Minutes				

Comments: _____

Signing and submitting false information may lead to a charge of Medicaid fraud.

Signature of Support Broker: _____ Initials: _____ Date: _____

Signature of Self-Direction Participant/Designee: _____ Date: _____

**Services provided must be drawn from a Support Broker Agreement with the self-directing participant.