

**California Tri-Counties Regional Center
Request for Payment/Reimbursement- DAY CARE**

Complete and submit this form to Acumen by fax, e-mail or mail:

Fax Number: 1-888-715-9391

E-mail Address: payroll-ca@acumen2.net

Mailing Address: Acumen Fiscal Agent 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206

Person Served Information
Name of the Person Served:
Person Served UCI #:

Employer/Authorized Representative Information
REMINDER: Acumen can only issue a check to the Employer/Authorized Representative if a W9 is correctly submitted. Please be sure to complete a W9 and send it to Acumen.
Employer/Authorized Representative Name:
Mail Check/Paystub To (if different than address on file):
Employer/Authorized Representative Phone Number:

Payment Information		
Pay Period (Start and End Date)	Name of Individual/Agency Providing Day Care	Units
	Total Units:	

*Day Care hours will be paid at the approved rate as listed on the authorization received from the Regional Center.

By signing this form, I attest that payments requested are consistent with services delivered and allowable within the authorization. If this is the first payment to the employer/authorized representative, please make sure a W9 form has been completed by the employer/authorized representative and submitted to Acumen. Acumen will produce and send a 1099 for non-employee payments regardless of their type and amount. Non-employee payments include reimbursements.

Employer/Authorized Representative Signature

Date

