



Request for Emergency Back-up Agency Payment

Participant Name	Participant Acumen ID #
Employer Name	Month/Year

Payment Instructions

Make Check Payable To	
Emergency Back-Up Agency Name	Name
Address	City/State/Zip

Invoice/ Service Date	Service Code	Description	Total Amount
		Total Check Amount	
		Invoice Number	

REMINDER: Please attach a copy of the agency invoice.

By signing this form, I attest that services were delivered and received consistent with the Individual Service Plan and I have rendered and/or approved this payment request in accordance with the Program regulations. I understand that payment and satisfaction of this claim may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws for any false claims, statements or documents or concealment of a material fact. Any misuse of funds may result in being fined or penalized, including but not limited to my repayment of claim.

Participant or Representative's Signature

Date

Return completed form to Acumen by mailing to 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206 or by faxing to (866) 211-6378.