



## Participant- Hired Worker Reimbursement Form

**INSTRUCTIONS:** Please complete expense information and attach receipt. The person seeking reimbursement and the Participant Employer must sign and date. The reimbursement form can then be submitted via email or fax.

Service Month: \_\_\_\_\_

Name of Person to be Reimbursed: \_\_\_\_\_

Participant Employer Name: \_\_\_\_\_

Date	Description	Service Code	Amount

Signature of Person Seeking Reimbursement: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Employer or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_