## **Request for Child-Parent Psychotherapy Work Reimbursement Form**

Refer to "Reimbursement Eligibility" reference sheet.

Please complete this form with the date, type of work, and number of hours.

## Submit this form along with your UNL Visiting Personnel Form.

Unique Case Identifier	Of work 00/00/00	Category of work  Select from: Initial Assessment, Team meetings, Parent-only therapy session, Progress reports/updates, Consultation with NRPVYC or CPP trainer, CPP trainee supervisor consultation with NRPVYC or CPP trainer	# of hour(s)	Reimbursement Rate: \$80/hr	Subtotal
				\$80/hr	
Total hours:			:	Total: \$	
Full Legal Name of Clinician Who Performed the Work					

## Instructions on how to fill out the Visiting Personnel Form:

- FTIN: Leave this section blank. <u>DO NOT</u> send Social Security or Employer Identification numbers.
- Name: Full legal name of person/agency being paid.
- Date(s) of Visit: Write each date of work performed. These should match what you entered on this form.
- **Purpose**: Child-Parent Psychotherapy.
- Mailing Address: This should match the person's home or company's work address where checks will be mailed.
- Indicate your citizenship status.
- **Location**: City in which the work was performed.
- **Total**: Include the total reimbursement request amount.
- **Sign the form**: This form cannot be processed without a signature.
- Submit <u>BOTH</u> the Request for CPP Reimbursement and Visiting Personnel forms to Cassandra Roberts, croberts@unl.edu.