

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	Date of work 00/00/00	Category of work <i>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</i>	# of hour(s)	Reimbursement Rate: \$80/hr	Subtotal
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				\$80/hr	

Signature _____

Total hours: _____

Total: \$ _____

Instructions on how to fill out the Visiting Personnel Form:

- **FTIN:** Who will be paid?
 1. Are you **personally** being paid—enter your Social Security Number (*SSN must be entered on the first form you submit. Leave it off all subsequent forms*)
 2. Is your **company/agency** being paid?—enter the EIN number **AND submit a completed W-9 form** (*only submit a W-9 form once*).
- **Name:** Legal name of person/agency being paid
- **Date(s) of Visit:** Write each date of work performed
- **Purpose:** Explain the type of work performed (*refer to categories*)
- **Mailing Address:** Where the paycheck check 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 both the Request for CPP Reimbursement and Visiting Personnel forms to** Cassandra Roberts, croberts@unl.edu or mail to:
 - ATTN: Cassandra Roberts
 - UNL-Center on Children, Families, and the Law
 - 206 S 13th St, Suite 1000
 - Lincoln, NE 68508