

FAIR/Lighthouse State Cost Share Invoice

Service Recipient:

Address

Month services were provided:

Number of hours of service:

| | | |
|---|-------------------|--------------------|
| Based on current declared income and medical expenses, your established state cost share rate according to the current State Cost Share chart per hour is | | |
| hours of service X | Cost Share rate = | Current Amount Due |
| | | Past Due Amount |
| | | Total Amount Due |

If you have questions about this invoice, please contact at
or