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 = $ 0.00

Current Amount Due

_____

Past Due Amount

$ 0.00

Total Amount Due

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