



**DEVELOPMENTAL EDUCATIONAL ASSISTANCE PROGRAM (DEAP)**

**PASARR/MR INVOICE**

MONTH/YEAR: \_\_\_\_\_

1. Level II    2. ARR    3. ARR with Plan

EVALUATOR: \_\_\_\_\_

4. Modified/Subsequent Screen    5. Specialized Services

NAME OF CONSUMER	AGE	FACILITY/ TOWN	SERVICE PROVIDED	# DIRECT CONTACTS	# OF HOURS	HOURS TRAVEL	COMMENTS

EVALUATOR SIGNATURE: \_\_\_\_\_

DIRECTOR SIGNATURE: \_\_\_\_\_

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**PASARR EXPENSE VOUCHER**

<b>DATE</b>	<b># OF COPIES</b>	<b>POSTAGE EXPLANATION</b>	<b>SUPPLIES DESCRIPTION</b>	<b>COST</b>	<b>COMMENTS</b>

**TOTAL COST: \$** \_\_\_\_\_

I CERTIFY THAT THE INFORMATION RECORDED ABOVE IS ACCURATE:

Signature: \_\_\_\_\_

APPROVED: \_\_\_\_\_

Director Signature