

Revised 4/2025

Month Pay Requested For: _____

This form *must be received* at the Cooperative Office *by the 6th of each month* in order to be paid during that month.

Date Worked	Student's Initials	SPEECH		*BIRTH TO 3		EVALUATIONS			Driving Time
		Therapy Time	Indirect Service Time	Home Visit	Indirect Service Time	Time Evaluating	Report Writing	Meeting Time	
		15 min units	hours	hours	hours	15 min units (12 max)	15 min units (4 max)	hours	minutes
	Total Time	0	0	0	0	0	0	0	0.00
	Pay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OFFICE USE ONLY		ESYSPEECH	ESYINDSVSP	BTO3SPEECH	BTO3SPIND	EVALSP	EVALRPTWRS	MTGSPEECH	DRVTIMESS

*If services for prolonged Birth to 3 are provided, you must also complete the Birth to 3 Prolonged Assistance Verification Form and mail it to:
Attn: Pam Selken, 1000 North West Avenue Suite 240, Sioux Falls, SD 57104

Total Pay:
\$0.00

*If services for prolonged Birth to 3 are provided, you must also complete the Birth to 3 Prolonged Assistance Verification Form and mail it to:

Attn: Pam Selken, 1000 North West Avenue Suite 240, Sioux Falls, SD 57104

I declare and affirm under penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief is in all things true and correct.

Verification by Claimant: _____
Signature

Funds will be direct deposited by the 15th of each month.

FOR BUSINESS OFFICE USE ONLY

Approval by Supervisor _____
Approval by Business Manager _____