

STAR Family Connection Subcontractor Billing Breakout Form

Subcontractor Name _____ Month/Year _____ County _____

#	Date of Service	Youth Name	Service Type*	Units of Service	Amount Billed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Page Total \$ _____

*** Service Type**

I = Intake

YCI = Youth Counseling Individual Hours

F = Family Unit Hours

Y/S = STAR Youth Skills Group

Y/U = UCAP Youth Skills Group

R = Respite Days

F/S = STAR Family Skills Group

F/U = UCAP Family Skills Group

IH = Intake, Homevisit

YCIH = Youth Counseling Individual, Homevisit

FH = Family, Homevisit

9/29/2006