

**GRAYSON
STAR Family Connection
Sub-Contractor Billing Cover Sheet**

Sub Contractor Name _____ Month/Year _____

County _____

_____ INTAKE SESSIONS x \$50 = _____

_____ COUNSELING SESSIONS X \$50 = _____

_____ **STAR LIFE SKILL GROUPS**

Total # of Enrolled Clients that attended LS groups (on STAR Breakout Sheet)

_____ **UCAP LIFE SKILL GROUPS**

Total # of Enrolled Clients that attended LS groups (on UCAP Breakout Sheet)

_____ # Of Clients-1 through 7 X \$50.00 each group (STAR) = _____

_____ # Of Groups-8 or more clients X \$100.00 each group (STAR) = _____

_____ # Of Clients-1 through 7 X \$50.00 each client (UCAP) = _____

_____ # Of Groups-8 or more clients X \$100.00 each group (UCAP) = _____

_____ **UCAP PARENTING GROUPS**

Total # of Enrolled Clients that attended PRNTG groups (on UCAP Breakout Sheet)

_____ # Of Clients-1 through 7 X \$50.00 per group (UCAP) = _____

_____ # Of Groups-8 or more clients X \$100.00 each group (UCAP) = _____

TOTAL AMOUNT \$ _____

The following forms are attached _____ Sub Contractor STAR Billing Breakout Form

_____ SV Total Sheet

Signature of Subcontractor

Date

**** FOR STAR OFFICE USE**

Approved by: _____ DATE: _____ Reviewed By: _____ DATE: _____