

YOUNG ADULT VOLUNTARY FOSTER CARE INVOICE
Michigan Department of Human Services

Provider Number

Case Name		Case Number					
Week start date (Monday)	Full week <input type="checkbox"/>	Per day <input type="checkbox"/> MO <input type="checkbox"/> TU <input type="checkbox"/> WD <input type="checkbox"/> TH <input type="checkbox"/> FR <input type="checkbox"/> SA <input type="checkbox"/> SU					

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Submit completed form by email to DHS-YAVFC@michigan.gov or mail to the address below.

DHS – Subsidy Office
Young Adult Extension Unit
235 S. Grand Ave., Suite 412
Lansing, MI 48933

PROVIDER CERTIFICATION: This is to certify that I or the agency I represent have provided the above care. I understand that payment will be made from Federal and/or State funds, and that if I have made false statements, submitted false billings, or have left out necessary information on purpose, I may be prosecuted for fraud under applicable Federal or State laws.	PROVIDER SIGNATURE
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Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.