## CARF Act Quarterly Administrative Cost Reimbursement Claim

Date:	Fiscal Year:	County:		County Code:
Quarter:	Number of CAR	E Act Participants:		
Activity		Total Hours	Activity Rate	Total Claim Amount
Court Report Activity				
Court Hearing	Time Activity			
Notice Activity	/			
Outreach and Engagement Activity				
Data Reporting				
Total Claim:				
Certification				
Executed at:				
Name:		Title	:	
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I certify that the staff hours spent on CARE Act activities are accurate and verifiable.

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

Date: