

SAMPLE OF COMPLETED FORM

Legal Communication Access Fund (LCAF)

Reimbursement Request Form



The Legal Communication Access Fund (CAF) provides for the reimbursement of reasonable costs incurred in the provision of access to effective communication.

*Requestor's Name: Perry Mason

*Organization Name: Perry Mason Law Firm

*Email: pmason@perrylaw.com

*Address: 1234 Main Street

*City: Anywhere *State: NE *Zip Code: 68510

*County: Lancaster

*Phone number: 402-555-1212

*Amount of Reimbursement Request: \$ 378.98 (must submit Itemized Cost Worksheet)

*Date(s) of Service: July 3, 2022

*Begin Time of Auxiliary Service: 10:00 AM / PM

*End Time of Auxiliary Service: 11:00 AM / PM

*Number of Individuals Served: 2

*Type of Auxiliary Service or Aid Used: Licensed sign language interpreter

*Name of Contracted Licensed Sign Language Interpreter (if used):

Suzie Smith, Neb Lic #0123

***Required fields**

Certification

I/we certify, under penalty of perjury under the laws of the United States of America, that all information provided on this form are true, accurate and complete. I/we also acknowledge that any deliberate omission, misrepresentation, or falsification of any information contained on this form may be punishable by criminal, civil, or administrative penalties, including but not limited to the imposition of fines, civil damages, and/or imprisonment.

Perry Mason

Printed Name and Title

Perry Mason Law Firm

Name of Company/Organization

Perry Mason
Signature

July 7, 2022
Date

FOR NCDHH STAFF USE ONLY
