Rural Communication Access Fund (RCAF)

Reimbursement Request Form

The Rural Communication Access Fund (RCAF) provides for the reimbursement of reasonable costs incurred for the provision of on-site licensed sign language interpreting services to rural areas of the state.

***Requestor's Name:** _____

***Organization Name:** _____

***Email:** _____

***Address:** _____

***City:** _____ ***State:** _____ ***Zip Code:**_____

***County:** _____

***Phone number:** _____

***Dollar Amount of Reimbursement Request: $**_____ (must submit itemized cost worksheet)

***Date(s) of Service:** _____

***Begin Time of Auxiliary Service:** _____AM / PM

***End Time of Auxiliary Service:** _____AM / PM

***Number of Individuals Served:** _____

***Name of Contracted Licensed Sign Language Interpreter:**

_____

***Type of Situation or Assignment** - Please specify details in the field listed below

- ☐ Medical
  - ☐ Hospital / Emergency Department
  - ☐ Clinic Visit
- ☐ Dental
- ☐ Mental Health
- ☐ Employment Related
- ☐ Community Event
- ☐ Presentation / Training
- ☐ Other

***Explanation of Type of Situation or Assignment:**

_____

_____

_____

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.

_____

Printed Name and Title

_____

Name of Company/Organization

_____ _____

Signature Date

FOR NCDHH STAFF USE ONLY

Date Received:	Received by:
W-9 Received: ☐ Yes ☐ No	AB # assigned:
Itemized Worksheet Received: ☐ Yes ☐ No	Date Posted: