

SAMPLE OF COMPLETED FORM

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:**

Dr. John Smith

***Organization Name:**

Rural Health Clinic

***Email:**

john.smith@ruralhealthclinic.org

***Address:**

1234 Main Street

***City:** Kearney ***State:** NE ***Zip Code:** 68847

***County:** Buffalo

***Phone number:** 308-555-1212

***Dollar Amount of Reimbursement Request:** \$ 378.98 (must submit the itemized cost worksheet)

***Date of Service:** July 1, 2022



*Begin Time of Auxiliary Service: 1:00 AM / PM

*End Time of Auxiliary Service: 1:45 AM / PM

*Number of Individuals Served: 2

*Name of Contracted Licensed Sign Language Interpreter:

Jane Doe

*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:

Follow-up medical appointment

***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.

Dr. John Smith, Internal Medicine Specialist

Printed Name and Title

Rural Health Clinic

Name of Company/Organization

Dr. John Smith
Signature

7/8/2022
Date

FOR NCDHH STAFF USE ONLY
