

State Institutional Claims for Damages Recommendation Form

A. This section is to be completed by the Community-Based Care lead agency (CBC) representative upon review of the claimant's application for restitution.

Claimant Name:	
Phone Number	
Email address:	

The State Institutional Claim form for damages was submitted by the claimant listed above. The Community-Based Care representative has reviewed the claim and recommends the following:

The attached application meets the criteria for reimbursement consideration.

The request for reimbursement is not recommended.

Name of CBC Representative	Signature	
Email address:		
CBC Name:		
Date:		

B. This section is to be completed by the Department's Designee.

The Department of Children and Families' designee has reviewed the claim, supporting documentation, and the recommendation from the Community-Based Care representative and has made the following determination for payment processing:

Approved Denied

Name	Signature	
Title:		
Email address:		
Date:		

Upon approval, the Regional Community-Based Care Contract Manager shall forward a copy of the State Institutional Claims for Damages Recommendation form and the Restitution Form for payment processing to the Office of Finance and Accounting at HQW.ASSC.Contract.Invoices@myflfamilies.com.