

NUTRITION SERVICE INCENTIVE PROGRAM (NSIP) Monthly Reimbursement Worksheet

Agency name: _____

For the month of: _____

Service	Service Codes	Units	Rates	Totals
TIII Congregate Meals				
TIII Home Delivered Meals				
TXX Home Delivered Meals				
Total Dollar Amount of NSIP:				

I certify that these services were provided as specified and as described in this agency's current contract with the Bureau of Adult and Aging Services (BAAS) and that is an original claim. Please accept this documentation as verification of the units eligible for NSIP reimbursement.

Agency Representative Printed Name

Agency Contact Number

Agency Representative Signature

Date

Upon completion, please submit completed forms to :

BAASinvoices@dhhs.nh.gov

Agency Instructions For Completing This Form

Agency representatives complete this form to request NSIP reimbursement

FIELDS

'For the month of' – Select the appropriate month from the drop down list for which the reimbursement is being submitted for.

'Services' – Traditional service is pre-identified. For all remaining methods of service please specify.

Example: Enter 'RVP' in blank row under TIII Congregate meals; Enter 'Grab-n-go' in blank row under TIII Home Delivered Meals

'Service Codes' – Enter service code specific to the Service.

'Units' – Enter the actual number of meals/units that meet NSIP requirements and were served to eligible participants.

'Rates' – This field is prepopulated and will automatically be multiplied with the number of units.

'Totals' – This field will automatically calculate by, multiplying the # of units by the rate amount once entered.