**Trust-Based Relational Intervention Reimbursement Form**

### Instructions: Please ensure that all applicable parts of this form are completed legibly and in their entirety. If you have questions regarding this form, please contact your local Community Based Care (CBC) lead agency.

This form is intended for Community Based Care (CBC) Lead Agencies offering Trust-Based Relational Intervention (TBRI) training to individuals within their community. The reimbursement of the expenses will assist CBCs in having individuals certified as TBRI Practitioners for the purposes of using the TBRI approach with families and providing TBRI – Caregiver Training to family foster homes specialized in caring for children who are hard to place. TBRI – Caregiver Training is rated as a promising practice on the federal Title IV-E Prevention Services Clearinghouse. TBRI is an evidence-based service, designed for parents and/or caregivers of children between the ages of 0-17 years old who have experienced adversity, early harm, toxic stress, and/or trauma. The training provides caregivers with a better understanding of the needs behind a child’s behavior to help the caregiver connect with the child to build a relationship where the child feels safe.

This form must be completed by the designated representative of the CBC. Please enter the expense of each applicable item and provide supporting documentation.

**Section I: General Information**

Name of designated representative:

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Name of CBC Lead Agency:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell number of designated representative:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address:

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| --- | --- | --- | --- |
| **Reimbursement request** | | | |
|  | Date of Expense | Total Cost of item | Amount of reimbursement request |
| First and Last Name of certified TBRI practitioner: FSFN Provider ID:  Description of expense: |  |  |  |
| First and Last Name of certified TBRI practitioner: FSFN Provider ID:  Description of expense: |  |  |  |
| First and Last Name of certified TBRI practitioner: FSFN Provider ID:  Description of expense: |  |  |  |
| First and Last Name of certified TBRI practitioner: FSFN Provider ID:  Description of expense: |  |  |  |
| First and Last Name of certified TBRI practitioner: FSFN Provider ID:  Description of expense: |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

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***Supporting Documents should include but not limited to receipts of expenses, contracts/working agreements with provider responsible for delivering TBRI training to CBC staff/subcontractors, contracts/working agreements with individuals receiving TBRI training, and copies of TBRI certificates for each individual who has completed the TBRI training.***