

Hoosier Uplands TB Parolee Arrival Expense Voucher



Note: This reimbursement form is only used for Parolee arrivals who have not received a full domestic refugee screening. Reimbursement may be submitted for costs dating back to May 21, 2022. Parolees may come from Ukraine, Nicaragua, Venezuela, and other countries.

Receipts or copies of receipts and a W-9 must accompany voucher except for mileage.

Date Submitted: _____ County or Health Department (if applicable): _____

Name: _____ (person or entity to be reimbursed)

Address: _____ (address to send check)

City, State, Zip: _____

Phone: () _____ Fax: () _____ E-Mail Address: _____

Expenses

Note: Please use lower-cost options for IGRAs and Chest X-rays to the extent possible (i.e. IDOH Lab, Federally Qualified Health Centers, Community Health Centers, etc.)

Parolee Arrival Information:

Patient's NBS Patient ID (if applicable) _____

Date of Birth: _____

Name: _____

Country of Origin: _____

Date of United States Arrival: _____

Clinical Expenses

IGRA (TB Blood Test): _____ \$ _____

Note: Please send a copy of the lab result in addition to invoice/receipt.

Chest X-Ray/CT: _____ \$ _____

Transportation

Transportation (Bus pass/Taxi fare/Rideshare fare/etc.): _____ \$ _____

Date of Travel: _____ Purpose of travel: _____

Location: Traveling from: _____ to _____

Number of Miles if drove (round trip): _____ x \$0.49/mile = \$ _____

Outreach

Interpretation Services*: _____ \$ _____

Translation of Materials*: _____ \$ _____

Outreach & Advertisement of Services to Parolee community*: _____ \$ _____

Other

Other*: _____ \$ _____

*Please reach out to request pre-approval of reimbursement for these categories if possible.

Total Reimbursement \$ _____

Signature: _____

Public Health Nurse/Administrator/Individual

Signature of Approval (IDOH Representative): _____ Date _____

Please e-mail or fax voucher to: Indiana Department of Health TB Prevention & Care program for approval.

Email: tbprogram@health.in.gov Fax: 317-233-7747

Hoosier Uplands TB Parolee Arrival Expense Voucher



If this is the first time you have received reimbursement from Hoosier Uplands for a TB related expense, please fill out and submit a W-9 in addition to this voucher (www.irs.gov/pub/irs-pdf/fw9.pdf).