

ARPA Third-Party EVV Integration Costs Reimbursement Request Checklist

Used for costs incurred to integrate third-party applications or vendors with the Nebraska state Electronic Visit Verification aggregator.

Organization Contact Information	
Provider/Organization Name:	
Name:	
Phone:	
Email:	
Address:	
State:	

Application Checklist

- Completed Contact and Background Information
- Signed Application Attestation Statement
- Documentation supporting reimbursement request:
 - Description of scopes of work completed for integration
 - Documentation showing detailed costs for integration (ex: contracts or invoices)
 - Verification from the state aggregator of compliance with state EVV standards
- Completed ACH/W9 form
 - All lines completed
 - All attachments included

Application Author & Title: _____ Date Completed: _____