**ADULT BASIC EDUCATION (ABE) EXPENSE LOG**

(Please Print)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name: |  | Telephone |  |  | DOB: |
| CNA TRAINING EXPENSES:**+** |  |  |  |  |  |
| Provider Name: | Expense Type:**+** | Date Completed: | Amount: |  | Cumulative Total $ |
|  | Tuition |  |  |  |  |
| Provider Address: | Textbooks |  |  |  |  |
|  | Competency Evaluation |  |  |  |  |
|  |  |  |  | **(1) GRAND TOTAL :** |  |
|  **+** (*ATTACH PROOF OF CNA* | *EXPENSES*) |  |  |  |  |
| I attest to the fact that the information provided above is true/accurate and these amounts reflect actual expenses incurred while completing my CNA training. I also certify I received ABE training to assist me in achieving my CNA certification.***Student Signature***: Date: |
| ABE TRAINING EXPENSES: |  |  |  |  |  |
| ABE Provider Name: | Expense Type: | Date Completed: | Amount: |  | Cumulative Total $ |
|  |  |  |  |  |  |
| Provider Address: |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Telephone: |  |  |  |  |  |
|  |  |  |  |  |  |
| Contact: |  |  |  | **(2) GRAND TOTAL:** |  |
|  |  |  |  | **ALLOWABLE COSTS:\*** |  |
|  \*(Allowable costs = *Lesser*  | *of* #2 *or* (#1 x .30)) |  |  |  |  |
| Fiscal Agent Information: |  |  |  |  |  |
|  |  |  |  |  |  |
| I certify we are an ABE provider as defined under M.S. 124D.52, the information provided is accurate and the amounts reflect actual costs incurred while providing ABE training to this student. I authorize direct reimbursement to the Fiscal Agent above (if any), on our behalf.***ABE Provider Signature***: Date: |

INSTRUCTIONS

ABE PROVIDER:

1. Complete the student information.
2. Complete information on the CNA training provider and expenses.
3. Complete information on the ABE training provider and expenses.
4. Calculate allowable reimbursement (30% of the allowable CNA training costs ***or*** the actual ABE training costs -(*whichever is less))*.
5. Complete information on the Fiscal Agent (if any). If none, mark “None” in this field.
6. Have the student sign and date the top portion of the form.
7. ABE provider signs and dates the bottom portion of the form.
8. Make a photocopy of the form and all associated documentation - for your records.
9. Send a photocopy of the form and supporting documentation (proof of CNA training and testing costs) to the Fiscal Agent (if any).
10. Send the original complete, signed and dated form (along with proof of CNA training and testing expenses incurred by the student (photocopies of receipts, etc.)), to the Facility where the individual is employed as a Nursing Assistant. (Make sure the form is complete and all required documents are present. Incomplete or unsigned forms may delay processing).
11. Wait for reimbursement from the facility.

FISCAL AGENT (if any):

1. Receive a copy of the paperwork submitted to the facility by the ABE Provider - wait for reimbursement from the facility.
2. Notify ABE Provider of student name and reimbursement amount - once reimbursement has been received.

FACILITY:

1. Receive the form and supporting documentation from the ABE provider (or fiscal agent).
2. Verify the individual is employed by the facility (as a nursing assistant). If not employed by your facility, request additional identifying information from the ABE Provider or return the original form & documents to the ABE Provider (explaining the denial of payment).
3. Check the form to ensure it is complete, signed, dated and supporting documentation is provided. Contact the ABE Provider to resolve issues if anything is missing or incomplete.
4. Make a *photocopy* of the original form/documents – *keep the signed originals for your records*.
5. When the individual has been employed as a CNA for 90 days, immediately process payment to the Fiscal Agent (if any) or *directly* to the ABE Provider (if no Fiscal Agent). Send payment to the Fiscal Agent or ABE Provider *along with* a *photocopy* of the Expense Log form.
6. If the individual quits or leaves your employment prior to the 90 day period, return the original form and documentation to the ABE Provider (along with an explanation for the denial of payment).

(SAMPLE #1) ABE EXPENSE LOG

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name: Mary Doe |  | Telephone (218) | 222-6512 |  | DOB: 4/15/1980 |
| CNA TRAINING EXPENSES:**+**  |  |  |  |  |  |
| Provider Name: | Expense Type:**+** | Date Completed: | Amount: |  | Cumulative Total $ |
| West Community College | Tuition | 10/16/2017 | 750.00 |  | 750.00 |
| Provider Address: | Textbooks | 10/16/2017 | 50.00 |  | 800.00 |
| 1 Main St, Suite 215 | Competency Evaluation | 10/30/2017 | 200.00 |  | 1000.00 |
| West, MN 55111 |  |  |  | **(1) GRAND TOTAL :** | 1000.00 |
|  **+(***ATTACH PROOF OF CNA* | *EXPENSES*) |  |  |  |  |
| I attest to the fact that the information provided above is true/accurate and these amounts reflect actual expenses incurred while completing CNA training. I also received ABE training to assist me in achieving my CNA certification.***Student Signature***: (Mary Doe signs here) Date: 10/15/2017 |
| ABE TRAINING EXPENSES: |  |  |  |  |  |
| ABE Provider Name: | Expense Type: | Date Completed: | Amount: |  | Cumulative Total $ |
| West ABE Providers | Interview skills | 9/15/17 | 100.00 |  | 100.00 |
| Provider Address: | Basic Test Prep | 9/15/17 | 100.00 |  | 200.00 |
| 21 W Main St | Resume Writing | 9/15/17 | 50.00 |  | 250.00 |
| West, MN 55111 |  |  |  |  |  |
| Telephone: |  |  |  |  |  |
| (218) 555-8788 |  |  |  |  |  |
| Contact: |  |  |  | **(2) GRAND TOTAL:** | 250.00 |
| Janet Schiller |  |  |  | **ALLOWABLE COSTS:\*** | **250.00** |
|  \*(Allowable costs = *Lesser*  | *of* #2 *or* (#1 x .30)) | #2= $250 | #1x.30=$300 |  (250 < 300, so $**250** = | allowable costs) |
| Fiscal Agent Information: | None  |  |  |  |  |
|  |  |  |  |  |  |
| I certify we are an ABE provider as defined under M.S. 124D.52, the information provided is accurate and the amounts reflect actual costs incurred while providing ABE training to this student. I authorize direct reimbursement to the Fiscal Agent above (if any), on our behalf.***ABE Provider Signature***: (signature of West ABE Provider) Date: 10/15/17 |

(SAMPLE #2) ABE EXPENSE LOG

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name: Mary Doe |  | Telephone (218) | 222-6512 |  | DOB: 4/15/1980 |
| CNA TRAINING EXPENSES:**+** |  |  |  |  |  |
| Provider Name: | Expense Type:**+** | Date Completed: | Amount: |  | Cumulative Total $ |
| West Community College | Tuition | 10/16/2017 | 750.00 |  | 750.00 |
| Provider Address: | Textbooks | 10/16/2017 | 50.00 |  | 800.00 |
| 1 Main St, Suite 215 | Competency Evaluation | 10/30/2017 | 200.00 |  | 1000.00 |
| West, MN 55111 |  |  |  | **(1) GRAND TOTAL :** | 1000.00 |
|  **+**(*ATTACH PROOF OF CNA* | *EXPENSES*) |  |  |  |  |
| I attest to the fact that the information provided above is true/accurate and these amounts reflect actual expenses incurred while completing CNA training. I also received ABE training to assist me in achieving my CNA certification.***Student Signature***: (Mary Doe signs here) Date: 10/15/17 |
| ABE TRAINING EXPENSES: |  |  |  |  |  |
| ABE Provider Name: | Expense Type: | Date Completed: | Amount: |  | Cumulative Total $ |
| West ABE Providers | Interview skills | 9/15/17 | 100.00 |  | 100.00 |
| Provider Address: | Basic Test Prep | 9/15/17 | 100.00 |  | 200.00 |
| 21 W Main St | Resume Writing | 9/15/17 | 50.00 |  | 250.00 |
| West, MN 55111 | Basic Math  | 9/15/17 | 100.00 |  | 350.00 |
| Telephone: |  |  |  |  |  |
| (218) 555-8788 |  |  |  |  |  |
| Contact: |  |  |  | **(2) GRAND TOTAL:** | 350.00 |
| Janet Schiller |  |  |  | **ALLOWABLE COSTS:\*** | **300.00** |
|  \*(Allowable costs = *Lesser*  | *of* #2 **or** (#1 x .30)) | #2= $350 | #1x.30=$300 |  (300 < 350, so $**300** = | allowable costs) |
| Fiscal Agent Information: | West ABE Consortium | 35 W Main St | West, MN  | 55111 |  |
|  | (218) 345-6712 |  |  |  |  |
| I certify we are an ABE provider as defined under M.S. 124D.52, the information provided is accurate and the amounts reflect actual costs incurred while providing ABE training to this student. I authorize direct reimbursement to the Fiscal Agent above (if any), on our behalf.***ABE Provider Signature***: (signature of West ABE Provider) Date: 10/15/17 |