The Center for Family Support, Inc
800 Annadale RD STE 1, Staten Island, NY 10312

Dear Sir or Madam:

Thank you for your inquiry about the Family Service Support Reimbursement Program. I have enclosed an application for you to complete and return as soon as possible. In order for your application top be considered by the Family Reimbursement Committee you must submit:

Original Receipts for the item(s) you have purchased. If it's an invoice for an activity, the invoice **MUST** specify the fee per hour and dates the individual attended. Receipts must be within the fiscal year that starts on July 1, 20xx and end on June 30, 20xx.

Support Letter: you **MUST** submit a support letter explaining why the item is needed. The letter should be from your Medicaid Service Coordinator or a Doctor. For clothing items, a support letter from a guardian will suffice.

For Respite Reimbursement: You must have the Respite form filled out and **NOTARIZED.**

Level of Care: Must be up to date. You can request this from your care manager.

The Family Reimbursement Committee will NOT consider applications that are submitted without the above proof of disability. Also, $500.00 is the maximum amount allowed on reimbursement request but can be less. Decisions are based on clinical needs.

Please direct all questions and concerns regarding Manhattan, Brooklyn, Queens and Staten Island to Ashley Farrice at (718) 667-4263 ext 112 or by email at afarrice@cfsny.org

Sincerely,

The Family Support Services Department
Enclosure

THE CENTER FOR FAMILY SUPPORT, INC.
FAMILY SUPPORT SERVICES REIMBURSEMENT APPLICATION
800 Annadale RD STE 1, Staten Island, NY 10312

Date:

Applicant's Name: DOB:

Medicaid #: TABS ID:

Developmental Disability:

Address:

Phone #: (Home) (Cell or Work #):

Parent/Caregiver Name:

Number of people in the Household:

Please List the Names and Ages of other children in the household. (Indicate if any have disabilities)

Do you have any extraordinary expenses? Ex- Do you take care of any other family members such as a grandparent, aunt, uncle etc. Explain:

Please Indicate Total Family Income:

What Goods and/or Services do you wish to purchase? Goods : _____ Amount: $_____

What specific item: _____

Why are those goods/services necessary?:_____

If applying for the following items, please indicate the following sizes:

_____ Shoes _____ Shirts _____ Pants

Is the individual enrolled in a self-direction program? _____ Yes _____ No

(Original Receipts must be attached in order for your application to be reviewed)

Have you applied elsewhere? _____ Yes _____ No Were you approved? _____ Yes _____ No

How much were you approved for? $_____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Date of Review: _____ Amount Approved for: _____ Date of Admittance: _____

Approved: _____ Not Approved: _____

Reason for Disapproval: _____