



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 to 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 Reimbursement Questions and Answers

1. Question: Who can apply for reimbursement?

Answer: Anyone with a developmental disability as defined by the New York State Mental Hygiene Law and who is living at home may apply for a reimbursement grant. Learning disability, developmental delays, speech, language, hearing and visual impairments and attention deficit disorders do not necessarily constitute a developmental disability as defined by New York State Mental Hygiene Law.

1. Question: Am I automatically entitled to receive a grant if I have a Developmental disability?

Answer: No, all reimbursement applications are reviewed by the Family Reimbursement Committee. There is no guarantee that your application will be approved.

2. Question: How much time does it take before my application gets reviewed?

Answer: Applications are reviewed by our Family Reimbursement Committee every three months during the contract year. The contract year begins July 1st and ends June 30th.

3. Question: If I find out that I am approved, how long does it take to receive the money?

Answer: Once your application is approved by the committee all efforts are made to send your check as soon as possible.

4. Question: How often can I apply?

Answer: You may apply to the Center for Family Support, Family Support Services Reimbursement program every fiscal year (July 1st – June 30th) if your application is approved.

5. Question: Besides the application is there anything else I should submit?

Answer: Yes, 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 July 1, 20xx and end on June 30, 20xx.

6. Question: If I receive reimbursement from The Center for Family Support this year, will I be more likely to receive it next year?

Answer: You can apply the following year but there is no guarantee that you will be approved. Decisions will be based upon a family's need.

7. Question: What item(s) can I request to be reimbursed for?

Answer: You may apply for goods and services which are reasonably related to the individual with the developmental disability. Ex.- Clothing, educational materials, and Respite service are several examples of items funded. Non-allowable goods and services include: camp tuition, tax penalties and fines; and goods and services covered through other funding mechanisms such as Medicaid.

8. Question: Can I apply to more than one agency?

Answer: Yes, you may apply to more than one agency since there is no guarantee that your application will be approved. However, you cannot be reimbursed for the same goods and services in a contract year.

9. Question: If my application is approved, will I automatically receive the money I applied for?

Answer: No. the Family Reimbursement Committee also determines the amount of your reimbursement grant depending on the amount of money available. This means that you may apply for \$400 but be approved for \$200.

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:

(Up to date documentation of disability must be attached in order for your application to be reviewed)

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:

Income:(check one) ___Below \$20,000 ___\$20,000-\$50,000 ___\$51,000-\$75,000 ___\$76,000-\$100,000 ___ Over \$100,000

What Goods and/or Services do you wish to purchase? If Respite is requested, Respite Form must be notarized.

_____ Respite Amount: \$ _____ Goods Amount: \$ _____

What specific item:

Why are those goods/services necessary?:

(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:

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800 Annadale RD STE 1
Staten Island, NY 10312
(718) 667-4263

FORM MUST BE NOTARIZED

FAMILY SUPPORT SERVICES REIMBURSEMENT PROGRAM
REIMBURSEMENT CLAIM FORM FOR HOURLY SERVICES

Participants' Name (Print): _____ Month: _____
Parent/Guardian's Name (Print): _____ Year: _____
Participant's Address: _____
Participant's Telephone Number: _____
Worker's Name & Address (Print) _____

Date	Day	Time	Total Hrs.	Rate	Worker's Signature	Parent/Guardian's Signature

I verify that the above listed services were received: _____
Parent/Guardian's Signature