

**FAMILY SUPPORT SERVICES
PAYMENT OF REIMBURSABLE SERVICES
NON-RESPITE VOUCHER**

For questions, inquiries and/or to submit vouchers please contact:

Southern Ohio Council of Governments

P. O. Box 456
Chillicothe, Ohio 45601
Telephone: 740-775-5030 ext. 106
Fax: 740-775-5023

SERVICES PROVIDED FOR: _____

DATES: _____

PLEASE CHECK () TYPE OF SERVICE PROVIDED AND DESCRIPTION OF THE ITEM PURCHASED:

- EDUCATION, TRAINING, COUNSELING _____
- ADAPTIVE EQUIPMENT * * _____
- SPECIAL DIET * * _____
- HOME MODIFICATION _____
- OTHER * * _____

AMOUNT OF SERVICE COST: \$ _____

* * IF APPLICABLE, STORE RECEIPTS MUST BE ATTACHED

DESCRIPTION AND/OR ITEMIZED LIST OF SERVICES PROVIDED:

REIMBURSEMENT GIVEN TO: _____

THE ABOVE SERVICES ARE ACCURATE: YES _____ NO _____

I HAVE RECEIVED THE BROWN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES FAMILY SUPPORT SERVICES (FSS) POLICY 5.06 AND I UNDERSTAND MY PRIVILEGES AND RESPONSIBILITIES. IT IS MY RESPONSIBILITY TO BE FAMILIAR WITH THE POLICY AND THE RULES OF THE BROWN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES. I UNDERSTAND THAT I WILL BE DIRECTED BY THEM.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Address _____

FOR OFFICE USE ONLY

TOTAL AMOUNT \$ _____

FSS OBLIGATION: _____ %

FAMILY OBLIGATION _____ %

AMOUNT PAYABLE FROM FSS: \$ _____

PAYABLE TO: _____

AUTHORIZED BY: _____

DATE: _____