Auglaize DD
County Board of Developmental Disabilities
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FSS Reimbursement
Request Form

For FSS reimbursement please complete this form, and send to Auglaize DD, Attn: FSS, 20 E. First St., New Bremen, OH 45869 along with all supporting documentation or email the form along with your documentation to FSS@auglaizedd.org

December 1st of each year will be the last day requests are accepted for the FSS program. Eligible requests submitted after December 1st will be processed and applied to the following year.

Individual:_____ Family member residing with:_____

Type of Service: Counseling, Education/Training, Food/Special Diet, Mileage Medical, Other, Respite, Special Equipment

Date of Purchase or Service	Provider Name if Applicable	Type of Service	Payment Amount	Reimbursement (If not Reimbursement, attach W-9 or supply SSN# of Respite Provider)
				☐
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				☐
Total Invoice Amount: ** Reimbursement/payment will not be issued for amounts exceeding $600**				Right click the total to left and choose "Update Field" for Total to Appear

Additional Information:	
Check Issued To: Must match family member on enrollment form if not for respite services, or if respite must match provider name on file.	

Please attach copies of receipts to this form with the item clearly marked.

If you are requesting reimbursement for mileage you must attach the FSS Mileage Reimbursement Form.

If you are requesting reimbursement for respite services, you must attach a Blanket FSS Respite Form and we must have on file a Blanket Respite Provider Selection Form.

****All forms are available by request or they can be printed from www.auglaizedd.org for your convenience.****

Office Use Only

Date Received_____ Approved YES ☐ NO ☐ Date Processed_____