A close up of a logo

Description automatically generated

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](mailto: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: \_\_ \_\_\_\_ \_\_\_\_\_\_\_\_ \_ \_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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)** |
|  |  | Choose an item. | $ |  |
|  |  | Choose an item. |  |  |
|  |  | Choose an item. |  |  |
|  |  | Choose an item. |  |  |
|  |  | Choose an item. |  |  |
|  |  | Choose an item. |  |  |
|  |  | Choose an item. |  |  |
|  |  | Choose an item. |  |  |
|  |  | Choose an item. |  |  |
| **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:** | Click or tap here to enter text. | | | |
| **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**](http://www.auglaizedd.org) **for your convenience.\*\***

Office Use Only

Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved YES  NO  Date Processed\_\_\_\_\_\_\_\_\_\_\_\_