



2020 RECEIPT REIMBURSEMENT

Lucas County Family Support Services Program
 Funded by Lucas County Board of Developmental Disabilities

The funds are not guaranteed and need to be submitted **within 30 days of service/purchase**.

1. Attach receipt to the back of this form, with the items that are being requested for reimbursement underlined on the receipt.
2. Please list receipt totals.

3. Fill in the **Consumer Name** (your eligible family member's name) and "Issue reimbursement check to", including **full name, mailing address, and phone**.

Consumer Name _____

Issue Reimbursement Check to:

Allow 45 days from date of submission for payment

Name _____
 Address _____
 City _____ State ____ Zip _____
 Phone _____
 Email _____

OFFICE USE ONLY	
Co-pay	_____
Contract #	_____
Amount \$	_____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Date	_____
CT	SD AE HM DE OT

Total cost of services is reimbursed within the current funding limit and in accordance with the family's taxable income level. The funds are not guaranteed and requests need to be **submitted within 30 days of service/purchase**; all vouchers **must** be postmarked by November 13, 2020. Items must be reimbursed in the fiscal year they were purchased.

Fax: 419-380-2610
Email: VLambert@lucasdd.org
Mail to: Family Support Services
 C/O Lucas County Board of Developmental Disabilities
 1932 Birchwood
 Toledo OH 43614