

FSS REQUEST Form

2020-2021 FSS Funding Period 1



Individual's Name: _____
 Address: _____
 City, State & Zip: _____
 Parent/Guardian Name: _____
 Phone: _____

1. Attach verification of expense (i.e., receipt, invoice, appointment slip, etc.) to the back of this form. Underline items that are being requested for reimbursement.
2. List items you would like to be reimbursed.
3. **Requests must be received within 3 months of purchase date, invoice date or date of appointment.**

DATE		REQUEST DETAILS	\$ AMOUNT
1			
2			
3			
4			
5			
TOTAL			

Have you exhausted all other sources of payment prior to this request? YES NO

I certify that the information on this form is true and correct to the best of my knowledge. I understand that the Fulton County Board of Developmental Disabilities may require additional information to approve reimbursement.

Individual/Parent/Guardian Signature: _____ Date: _____
FORM MUST BE SIGNED

Please make check payable to: _____

Allow 2-3 weeks from date of submission for payment.



All requests must have supporting documentation related to the needs of the individual's disability. (Documentation may include prescription, professional recommendation, appointment slip, etc.) Additional supporting information may be requested.

DEADLINE TO SUBMIT FSS FUNDING PERIOD 1 REQUESTS—DECEMBER 8, 2020

FCBDD USE ONLY

DATE RECEIVED: _____ SSA/EI Service Coordinator: _____
 W-9: Yes No Documentation Verified: Yes No Type: IFSP/IEP/IP Other DR Order OT/SP/PT
 APPROVED: Yes No AMOUNT APPROVED: _____ DENIAL SENT TO FAMILY: Yes
 PO Date: _____ BRITTCO RECEIVED LETTER SENT Payment Date: _____