

FSS REQUEST Form

2023 FSS Program



Individual's Name: _____

Address: _____

City, State & Zip: _____

Parent/Guardian Name: _____

Phone: _____

1. Attach the receipt, invoice, appointment slip, quote, etc. to the back of this form. Underline items that are being requested for reimbursement.
2. Complete the form with details of the expense. .
3. **Requests must be received within 3 months of purchase, quote, invoice 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 REQUESTS—FRIDAY, DECEMBER 8, 2023

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

Funds Available: _____ APPROVED: Yes No AMOUNT APPROVED: _____ DENIAL SENT TO FAMILY:

PO Date: _____ Allotment Balance: _____ Payment Date: _____
 BRITTCO RECEIVED LETTER SENT