

FAMILY & CHILDREN SERVICES SUPPORTS SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES Family Friend Reimbursement Voucher

**** NOTE: EACH VOUCHER MUST BE FILLED OUT COMPLETELY AND IN INK. PLEASE USE SEPARATE VOUCHERS FOR EACH INDIVIDUAL FAMILY FRIEND CAREGIVER.
** VOUCHERS MUST BE RECEIVED BY NOON ON TUESDAY IN ORDER TO BE PROCESSED BY THE FOLLOWING FRIDAY. IF YOU ARE MAILING VOUCHERS PLEASE ALLOW AT LEAST TWO DAYS.**

MAIL VOUCHER TO: **FAMILY DIRECTED RESPITE PROGRAM
ATTN: DEBBIE BARTLEY
FAMILY AND CHILDREN SERVICES
1608 LAKE STREET,
KALAMAZOO, MI 49001**

CONSUMER NAME: _____ **CONSUMER'S SOC. SEC. #:** _____

FAMILY FRIEND CAREGIVER'S NAME: _____ **CAREGIVER'S PHONE** _____

***FAMILY FRIEND CAREGIVER'S ADDRESS:** _____

CITY: _____ **ZIP:** _____

FAMILY FRIEND CAREGIVER'S SOC. SEC.# _____

* *Please check this box if there has been a recent change of caregiver's address. This will help ensure timely payment.*

VERY IMPORTANT: You must list each day SEPERATELY and include the EXACT number of hours for each day!

CAREGIVERS NAME	**CAREGIVERS SIGNATURE**	DATE OF SERVICE (LIST EACH DAY)	TOTAL HOURS FOR EACH DAY SEPARATELY	RATE PER HOUR	PAYMENT AMOUNT
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
TOTAL F.F. REIMBURSEMENT REQUESTED					\$

NOTE:

1. VOUCHERS MUST BE SIGNED BY CAREGIVER(S) AND PARENT TO BE ELIGIBLE FOR REIMBURSEMENT.
2. VOUCHERS MUST BE SUBMITTED NO LATER THAN THE 5TH OF THE MONTH FOLLOWING THE SERVICE OR THEY ARE **CONSIDERED PAST DUE**. A LETTER WILL BE SENT TO THE FAMILIES LETTING THEM KNOW THAT THE VOUCHER WAS PAST DUE. THIS LETTER WILL REMAIN ON FILE FOR A FULL CALENDAR YEAR. IF VOUCHERS ARE SUBMITTED LATE AGAIN DURING THE COURSE OF THE CALENDAR YEAR, THE VOUCHERS WILL BE SUBJECT TO NON-PAYMENT AND RETURNED TO THE FAMILY.
3. ANY VOUCHER OVER 60 DAYS OLD WILL NOT BE PAID REGARDLESS OF THE CIRCUMSTANCES

I understand and assume full responsibility for the accuracy of the above hours and payments listed. I am aware that all checks will be cut in the caregiver's name and will be sent directly to the caregiver. I also assume full responsibility to arrange payment method and/or address reimbursement issues with the Family Friend Caregiver.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZED TO PAY: By: _____ Date: _____

PAID By: _____ Amount: _____ Date: _____