



**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.

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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 October 31, 2022. 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  
 1154 Larc Lane  
 Toledo OH 43614

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 Staff Signature