

**The Arc Williamson County
Family Support Program**
129 West Fowlkes Street, Suite 151, Franklin, TN 37064
615-790-5815 ext. 3 phone; 615-790-5891 fax
sbbarc@thearcwc.org

Invoice for Payment for 2017-2018

Recipient's Name: _____

Amount Requested: _____ Service: _____

Check to be made out to OR name for direct deposit: _____

Address - if check is to be mailed: _____

Signature

Date

GUIDELINES FOR REIMBURSEMENT

***We can only reimburse you for things related to the person's disability.

***The service must be provided between July 1, 2017 and June 30, 2018.

***All requests must be submitted by June 1, 2018.

***We can reimburse you for medicine, medical bills, transportation to and from medical appointments and work, respite care (YOU MUST USE THE BACK OF THIS FORM AND WE MUST HAVE THE SIGNATURE OF THE RESPITE PROVIDER), vehicle modifications, specialized equipment, specialized supplies, camp, home modifications, day care, nursing, personal assistance, and behavior services.

***We CANNOT reimburse for mortgage payments, rent, electricity (unless needed to operate medical equipment and we have a doctor's statement), grocery bills (unless on a specialized diet), automobile repairs (unless first approved by the local council), and clothing (other than special made clothing due to disability).

***You must attach a copy of the bill or invoice that is dated, clear and legible. If it is a receipt with multiple items on it, please circle those items that you are asking for reimbursement for. Please do not use a highlighter.

***The family/individual who has signed above agrees that the above information is correct.

***You may mail, fax, or e-mail this invoice with attached receipt(s).

***It is your responsibility to keep up with your Family Support Balance.

***Direct Deposits or Checks will be issued within 5 business days of receipt.

***We can only reimburse for prescriptions if we have the print-out with your name on it.

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For Agency Use Only

Invoice Number: _____ Amount: _____

Check or Direct Deposit Issued to: _____

Account Number: _____

Agency Representative

Date

