

**The Arc Williamson County  
Family Support Program  
2020-2021 GUIDELINES FOR REIMBURSEMENT**

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

**\*\*\*The SERVICE must be provided between July 1, 2020 and June 30, 2021.**

**\*\*\*All requests must be submitted by June 1, 2021.**

**\*\*\*We can reimburse you for medicine, medical bills, transportation to and from medical appointments and work, respite care, 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 a disability).**

**\*\*\*If we are reimbursing for in-home respite or services you must contact Sharon to get the correct respite form to use or download it from our website at [www.thearcwc.org](http://www.thearcwc.org). We must have all information filled out and it must include the respite provider's signature.**

**\*\*\*If we are reimbursing for a prescription, we must have the print-out with the individual's name on it.**

**\*\*\*If we are reimbursing for an i-pad or computer, we must have a letter from a doctor or therapist stating that it is needed for communication.**

**\*\*\*We must have proof that you have paid a bill or paid for an item and if that is not clear on the bill, we will need to ask you to show proof. If it is an item that you have ordered, we must have proof that it has been shipped.**

**\*\*\*We can pay a provider/bill directly if needed, just indicate that on the reimbursement form.**

**\*\*\*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. If items are scanned or photos are sent they must be clear and contain all needed information.**

**\*\*\*The family/individual who has signed the invoice is agreeing that it 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.**

**\*\*\*IF YOU ARE NEW TO FAMILY SUPPORT, PLEASE RETURN A VOIDED CHECK.  
IF YOUR ACCOUNT INFORMATION HAS CHANGED SINCE LAST YEAR, PLEASE  
RETURN A NEW VOIDED CHECK.**

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