Family Reimbursement Guidelines

Family Reimbursement programs are programs provided by AHRC that provide monetary assistance to people with developmental disabilities who live with their family in New York City. The programs are funded by OPWDD.

AHRC operates the following Family Reimbursement programs: The Francesca Nicosia Family Reimbursement Fund (all boroughs), Brooklyn Camp Scholarships, Brooklyn Emergency Reimbursement and Queens Emergency Respite Reimbursement.

The purpose of Family Reimbursement programs is to compensate families for expenses not reimbursed by other means, but which directly benefit the person with a disability. There are no age restrictions for the applicant, but they must qualify for services from OPWDD. The review committee will consider income, the nature of the request and the applicant’s award history when prioritizing applicants. The committee will meet approximately once per quarter (every 3 months) to review applications. Applications are reviewed in the order that they are received if they are complete. The fiscal year begins on July 1st of each year.

The request for funds should not be for an ongoing need, but rather an item or short-term service that will enhance the quality of life of the person with a disability, and can be for items not yet purchased. Some examples include camping costs, adaptive toys, educational devices, and special appliances or furniture required due to a specific need of the person with disabilities. Only one check, however, will be issued per award.
Family Reimbursement Program
Application Checklist

Applications will not be considered for review until the package is complete. Please make sure your package is complete when you send it in by including the following in your application package:

_____ A completed and signed 2021-2022 Fiscal Year application form

_____ Original receipt (s) or estimate for the item/service requested
   Receipts must have valid dates within the 2021-2022 fiscal year
   (i.e. all receipt (s) must be from July 1, 2021 to June 30, 2022)

_____ A completed and notarized AHRC Respite Form and Statement of Services Rendered (if the service requested is for respite care)

_____ Reimbursement request/justification

(ONLY ONE of the below documents are required)

_____ OPWDD eligibility determination letter

_____ Level of Care Determination (Current)

_____ MSC approval letter

_____ HCBS waiver notice of decision

Awards will not exceed: $500.00 for Nicosia Family Reimbursement
   $1,000 for Brooklyn/Queens Emergency Reimbursement
   $1,000 for Brooklyn Camp
**Guidelines for Family Reimbursement** (Please note that eligibility does not guarantee approval)

1. There must be a family member with a developmental disability. Single individuals with a disability living alone are not eligible.

2. Families receiving services from the foster care system are also not eligible.

3. The requested support must be appropriate for the person with a developmental disability.

4. The requested support should not be normally funded through other sources (Medicaid, insurance). **For example, if you are applying for reimbursement for a medical bill, you must include a letter from the doctor stating that insurance/Medicaid did not pay for the service and why.**

5. **A person may be considered for reimbursement once every fiscal year.**

**Application Process**

1. The application should be submitted complete and with all the required information. All original receipts or estimates need to be from **July 1, 2021 to June 30, 2022.**

2. Examples of some acceptable items for Family Reimbursement Applications

   * Summer Camp tuition
   * Respite
   * Furniture, including bedding
   * Clothing for a specific purpose or due to a specific need (**explain in the application**)
   * Air Conditioner (**attach a justification letter with a doctor’s note**)

3. Examples of some acceptable items for Emergency Reimbursement:
   * Goods destroyed in fire (Emergency Reimbursement)
   * Respite expenses incurred to care for the person with a developmental disability when a family member is hospitalized (Emergency Reimbursement)
* Extermination fees and/or new bed (with proof of extermination) due to bed bugs

4. Examples of items that are usually not allowable:

* Taxes
* Fines
* Care provided by natural or adoptive parents of a minor child.
* Luxury items
* DVD Players, VCRs, Video Cameras
* Ongoing needs such as utility bills

5. If the request is for reimbursement for camp tuition for a waiver funded camp, the request must include a letter of attestation indicating the TABS program code, and number of hours not billable to Medicaid. If the camp receives Department of Education funding for students receiving IEP mandated 12 month education programming, information must be provided on the invoice indicating the actual or anticipated DOE funding.

6. Instructions for Respite Reimbursement

Please complete and notarize the Hourly Respite Services Form as proof of services rendered. The attached Hourly Respite Services Form must include the reason for service(s) provided, the amount service provider was paid and method of payment (cash, personal check, or money order). The Hourly Respite Services Form must include the following information: date(s) of service, time of service, rate per hour of service, amount paid, and method of payment. The Hourly Respite Services Form must be signed by the individual or representative of the individual and signed by the respite provider. The respite provider must also provide their address, phone number and social security number as well. The Hourly Respite Services Form must be submitted along with the application for consideration to receive funds. If all of the information for the statement of services rendered is not complete, your application will not be considered.

7. Purchased Items

If you have already purchased the item or service, please enclose the original receipt(s) with the application and list the name of the person to whom the reimbursement check should be written. Please provide a cancelled check, money order etc. to show that the purchase was an out of pocket expense.
8. Estimates

If you have not purchased the item, please enclose an estimate. The check will be written out to the store or provider. When acquiring the estimate, please remember to ask if the store will accept an AHRC check. Applicants or service providers may have to obtain the W-9 for companies that are not vendors within our system. We will let applicants know if the need to obtain this form is necessary and provide a reasonable amount of time for the form to be submitted.

9. Applications are reviewed by committee at least once a quarter. The fiscal year starts July 1.

10. The committee will first consider whether the person was awarded in the past year, the income of the family and the family size. Next, they will consider whether the items or services requested will enhance the quality of life of the person with a disability. The committee will also look at any special circumstances. Please thoroughly explain in the application or in a cover letter why the item or service is needed and how it will assist the person with a disability. Include any recommendations from doctors or therapists to support the application.

Our funding cycle starts on July 1st and ends when all funds are awarded; no later than June 30th. You will be notified in writing of the committee’s decision after your application has been reviewed. It is suggested that the application be submitted as early as possible in a given fiscal year. Unfortunately, funds are limited and may not be available to honor all applications.

Once complete, please send the application package to:

AHRC Family Reimbursement Programs
83 Maiden Lane 10th Floor
New York, NY 10038

For questions regarding the Family Reimbursement Programs, please contact: (917) 715-8035 or email: AHRCFamilyReimbursementPrograms@ahrcnyc.org

Thank you for your interest in our Family Reimbursement Programs.