



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 program is funded by OPWDD.

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 at minimum once per quarter (every 3 months) to review applications. Completed applications are reviewed in the order they are received. **The fiscal year begins on July 1st of each year. It is strongly recommended that all applications be received by April 1st.**

Applications for reimbursement must be submitted no later than 90 days after the purchase of goods or provision of services. Applications submitted more than 90 days after the purchase of goods or provision of services will only be reimbursed at the discretion of the program.

The request for funds **cannot** 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, clothes, educational devices, and special appliances or furniture required due to a specific need of the person with disabilities. Awards will be made up to \$3,000 per individual in a given year.

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 OPWDD FSS Family Reimbursement application form

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

- _____ A completed OPWDD Family Reimbursement Respite Verification Form

- _____ Life Plan (if no Life Plan copy of OPWDD Eligibility Determination Letter and AHRC Attestation Letter)

- _____ Applicants receiving self-directed services must provide copy of their current budget

- _____ Name of payee for reimbursement check and relationship of Payee to individual supported

Awards will not exceed: \$3,000.00 per individual per year

In some instances, the individual/family may ask that the FSS provider pay the vendor directly for the goods or services (“direct purchasing”). In these cases, the family must submit an explanation with the request. This explanation should describe why the family cannot pay for the service or item first and receive reimbursement later. The FSS provider may consider the family’s income, among other factors, in making its determination. Therefore, the family may be required to provide an attestation of household income and a bid/price sheet of the good or service being requested. This attestation must include household income from all sources, the number of people residing in the home and any other extraordinary financial obligations the individual/family is responsible for. Final decisions about direct purchasing are at the discretion of the FSS provider.

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 related to the individual's intellectual or 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 up to \$3,000 every fiscal year**

Application Process

1. The application should be submitted complete and with all the required information. All receipts or invoices need to be from **July 1st to June 30th of the current fiscal year**
2. Examples of some acceptable items for Family Reimbursement Applications:
 - Summer Camp tuition
 - Respite
 - Furniture
 - 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. Individuals not enrolled in the waiver or receiving waiver camp respite will be prioritized; the camp must have a permit issued by NYS and/or DOH; FSS will not reimburse camps out of state. Verification that the individual attended camp.

6. Instructions for Respite Reimbursement

Please complete the OPWDD Family Reimbursement Respite Verification Form as proof of services rendered. This 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.**

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.