

**FAMILY SUPPORT SERVICES  
PAYMENT OF REIMBURSABLE SERVICES  
NON-RESPITE VOUCHER**

For questions, inquiries and/or to submit vouchers please contact:

**Southern Ohio Council of Governments**

PO Box 456  
Chillicothe, Ohio 45601  
Telephone: 740-775-5030 ext. 100  
Fax: 740-775-5023

SERVICES PROVIDED FOR: \_\_\_\_\_

DATES: \_\_\_\_\_

PLEASE CHECK (  ) TYPE OF SERVICE PROVIDED AND DESCRIPTION OF THE ITEM PURCHASED:

- EDUCATION, TRAINING, COUNSELING \_\_\_\_\_
- ADAPTIVE EQUIPMENT \*\* \_\_\_\_\_
- SPECIAL DIET \*\* \_\_\_\_\_
- HOME MODIFICATION \_\_\_\_\_
- OTHER \*\* \_\_\_\_\_

AMOUNT OF SERVICE COST: \$ \_\_\_\_\_

\*\* IF APPLICABLE, STORE RECEIPTS MUST BE ATTACHED

DESCRIPTION AND/OR ITEMIZED LIST OF SERVICES PROVIDED:

REIMBURSEMENT GIVEN TO: \_\_\_\_\_

THE ABOVE SERVICES ARE ACCURATE: YES \_\_\_\_\_ NO \_\_\_\_\_

I HAVE RECEIVED THE BROWN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES FAMILY SUPPORT SERVICES (FSS) POLICY 5.06 AND I UNDERSTAND MY PRIVILEGES AND RESPONSIBILITIES. IT IS MY RESPONSIBILITY TO BE FAMILIAR WITH THE POLICY AND THE RULES OF THE BROWN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES. I UNDERSTAND THAT I WILL BE DIRECTED BY THEM.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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**FOR OFFICE USE ONLY**

TOTAL AMOUNT \$ \_\_\_\_\_

FSS OBLIGATION: \_\_\_\_\_ % FAMILY OBLIGATION \_\_\_\_\_ %

AMOUNT PAYABLE FROM FSS: \$ \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

DATE: \_\_\_\_\_