OPWDD FAMILY REIMBURSEMENT
RESPITE VERIFICATION FORM

* This form must be signed by the respite provider and the parent/family member where indicated to be considered for reimbursement. **PLEASE COMPLETE ALL AREAS IN FULL FOR FORM TO BE ACCCEPTED**

* If respite provider is a family member, he/she must maintain a residence **outside of the individual's home.**

1 NAME OF INDIVIDUAL RECEIVING SERVICES

1a DATE OF BIRTH	1b TABS NO.

2. NAME OF PARENT/GUARDIAN

2a ADDRESS	2b TELEPHONE AND EMAIL
3. RESPITE PROVIDER:	3a. RELATIONSHIP:
3b. RESPITE PROVIDER'S ADDRESS	3c. RESPITE PROVIDER'S TELEPHONE AND EMAIL

4. Does this respite provider also work for an agency to provide HCBS Waiver In-Home Hourly Respite for your child?
Yes ☐ No ☐

* If so, please note that Family Reimbursement cannot be used to supplement the hourly respite rate of pay and therefore the hours cannot be duplicated.

Date Service Provided mm/dd/yy	Time In	Time Out	Number of Hours	Rate Paid Per Hour	Total Amount Paid Per Day	**Provider's Initials**	

Total Hours (this page): Total amount of Request for Reimbursement (this page):

PLEASE SEE NEXT PAGE FOR REQUIRED SIGNATURES AND INFORMATION

Agencies will conduct random spot checks for respite applications;
respite providers may be contacted to verify hours and payment.

In the event that a claim for goods or services is discovered to be fraudulent, the agency to which that reimbursement application was submitted is to be notified (if not the discovering entity) and will investigate the request in question and all documentation provided with the reimbursement request. In the event that the fraudulent claim is confirmed, the individual/family will be required to pay the amount reimbursed back to the agency (if the service/good was already reimbursed) and will be suspended from any future reimbursement for goods and services for a period of time determined by the agency and OPWDD. The recipient of the reimbursement may also be subject to legal actions as determined by the agency and OPWDD.

Families may submit requests for Reimbursement to the RO or a FSS Reimbursement provider agency at any time, depending upon which entity administers the reimbursement program in that region, using the form provided by the Family Reimbursement provider agency or obtained from the individual's Care Manager or Care Coordinator. Funds are available only on a contract year basis. Any authorized, but unused, reimbursements may not be carried over by a receiving family from one year to the next. For self-directing individuals, verification is made to ensure that the FSS program is included in the current budget. Inclusion of funding in the budget does not guarantee that the request will be approved. Reimbursement requests must be consistent with FSS guidelines. Applications may be submitted to any of the Family Reimbursement Program providers by individuals, families, case managers or advocates. Anything submitted more than 90 days after purchase/occurrence will be awarded per the discretion of the Reimbursement Program provider. Applications that are not filled out in full will be returned, and payment will be delayed.

I HAVE READ THE STATEMENT ABOVE AND CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE.

Respite Providers Signature:	Date Completed:
Parent/Guardian Signature:	Date Completed: