

FAMILY CENTERED-SERVICES AND SUPPORTS (FCSS) INVOICE

DATE _____

INVOICE #: _____

CLAIM #: _____

PROVIDER/VENDOR

SUBMIT INVOICE TO:
 Montgomery County
 Human Services Planning & Development Department
 117 S. Main St. Suite 5100
 Dayton, OH 45422
 PH: (937) 225-4695
 FAX: (937) 496-7714

Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: _____

Please return Attachment M - Disposition with this invoice.

ELIGIBLE SERVICES CODES:

- | | |
|--|--|
| <ul style="list-style-type: none"> 1- <i>Non-clinical in-home parent/child coaching</i> 2- <i>Non-clinical parent support group</i> 3- <i>Parent education</i> 4- <i>Mentoring</i> 5- <i>Respite care (including summer camp)</i> 6- <i>Transportation (specify costs in comments)</i> | <ul style="list-style-type: none"> 007 - <i>Social/recreational supports (specify activity in comments)</i> 008 - <i>Safety and adaptive equipment</i> 009 - <i>Structured activities to improve family functioning</i> 010 - <i>Parent advocacy</i> 011 - <i>Service Coordination</i> 012 - <i>Other (specify activity in comments)</i> |
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Date of Service	Service Code	Item Purchased	Service Hours/# of Units	Unit Cost	Total Cost

COMMENTS/SPECIFICATIONS:

TOTAL PAYMENT REQUESTED FOR REIMBURSEMENT	
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FOR OFFICE USE ONLY

Authorized Provider Signature

Date

Authorized HSPD Staff Approval

Date