FAMILY CENTERED-SERVICES AND SUPPORTS (FCSS) INVOICE

DATE _____

CLAIM #: _____

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

INVOICE #:_____

PROVIDER/VENDOR

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Please return Attachment M - Disposition with this invoice.

ELIGIBLE SERVICES CODES:

1- *Non-clinical in-home parent/child coaching*
2- *Non-clinical parent support group*
3- *Parent education*
4- *Mentoring*
5- *Respite care (including summer camp)*
6- *Transportation (specify costs in comments)*
007 - Social/recreational supports (specify activity in comments)
008 - Safety and adaptive equipment
009 - Structured activities to improve family functioning
010 -Parent advocacy
011 - Service Coordination
012 - Other (specify activity in comments)

Date of Service	*Service Code*	*Item Purchased*	*Service Hours/# of Units*	*Unit Cost*	*Total Cost*

TOTAL PAYMENT REQUESTED FOR REIMBURSEMENT $ 0.00

FOR OFFICE USE ONLY

COMMENTS/SPECIFICATIONS:

_____
_____
_____

_____ _____
Authorized Provider Signature Date

_____ _____
Authorized HSPD Staff Approval Date

(rev. 2023)