

**OPWDD REGION 1 Universal Application for FAMILY REIMBURSEMENT SERVICES
A funding source of LAST RESORT**

1. PERSONAL DATA: (please print)

Name of Person with Disability: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____ Telephone: (____) _____

Name of Parent/Relative: _____ Number of People in the home: _____

TABS #: _____ Medicaid #: _____ Check if the individual Receives: ___ Self Direction ___ HCBS Waiver

Developmental Disability:

___ Intellectual Disability ___ Epilepsy (seizures) ___ Cerebral Palsy ___ Neurological Impairment
___ Autism ___ Traumatic Brain Injury Other: _____

2. HAVE YOU TRIED FOR FUNDING FROM PRIMARY MEDICAL INSURANCE, INCLUDING FLEXIBLE SPENDING ACCOUNT, OR OTHER RESOURCES? (i.e. Medicaid, Medicare, etc.)

___ Yes ___ No Result: _____

3. LIST ALL REIMBURSEMENT AMOUNTS RECEIVED THIS CALENDAR YEAR: (add a page if needed) N/A: _____

Agency: _____ Date: _____ Amount: _____ Agency: _____ Date: _____ Amount: _____

Agency: _____ Date: _____ Amount: _____ Agency: _____ Date: _____ Amount: _____

4. WHAT IS THE ITEM(S) OR SERVICE REQUESTED FOR REIMBURSEMENT? Describe item(s): _____

Total Amount Requested: \$ _____ Date of service requesting for: _____

**Is this item/service to meet an immediate crisis situation as identified in the guidelines? ___ Yes ___ No*

5. LIST OTHER REIMBURSEMENT AGENCIES APPLIED TO FOR THIS PARTICULAR REQUEST: N/A: _____

Agency: _____ Date: _____ Result: _____

Agency: _____ Date: _____ Result: _____

6. SERVICE COORDINATOR OR SOCIAL WORKER: Name _____

Agency

Email

Phone #

Fax #

7. CHECKLIST OF REQUIRED DOCUMENTS: (Please attach to this application)

- ___ Original Receipts or Invoice (list which agency has the originals if copies are submitted)
- ___ Letter from Physician or Professional to Support Reimbursement Request (if applicable)
- ___ Notice of Decision or other OPWDD Eligibility Document Approved by the Access Team **(If current documentation is not on file with provider agency)**

*****Final determination of eligibility for Reimbursement Services will be determined by OPWDD*****

