



FAMILY REIMBURSEMENT APPLICATION

Attn: R. Plakstis
61-35 220th Street
Oakland Gardens, NY 11364

A Family Reimbursement review for awards occurs on a quarterly basis by a committee comprised of staff and parents. All applications that are submitted correctly will be acknowledged in writing as an approval or denial after the end of the quarter. Family Reimbursement is available to those ages three and over that reside in Queens. Families receiving foster care, adoption subsidies, or individuals residing in a residential or Family Care program are not eligible. Please do not submit items that are for Family use. If you have received an award from ANIBIC within the past 12 months, you cannot submit another application.

Applications must include the following to be considered for an award:

- Documentation of a developmental disability (evaluation must include IQ score and measure adaptive behavior functioning)
- Original receipts/invoices or a letter or price quote from an established vendor.
- Please note: an explanation of items are necessary if items on receipt is not detailed or generic. ******No more than 5 receipts per application and receipts must be stapled to application.****** Unused receipts will be returned. ANIBIC must retain all original receipts for all reimbursed items.

FAMILY REIMBURSEMENT APPLICATION

Date of Application _____

Name of Applicant _____

Date of Birth _____ SS# _____

Address _____

Applicants Phone Number _____

Diagnosis/Disability _____

Does the Applicant have: Medicaid ()yes ()no and/or private health insurance ()yes ()no Does the Applicant receive Social Security Benefits ()yes ()no

Does the Applicant have Service Coordination ()yes ()no if yes: Agency _____

MSC Name _____ MSC Address _____

Are you currently enrolled in Self Direction? ()yes ()no

Family Information:

Name of Parent or Guardian _____

Address (if different) _____

Phone (if different) _____ Relationship to Applicant _____

Total # of family members in household _____ # of dependent members in household _____

Do family members residing in the home, other than applicant, receive any of the following?

()Medicaid ()Medicare ()SSI or SSA ()Public Assistance ()WIC ()AFDC

()Food Stamps ()Unemployment ()SSD

PURCHASE INFORMATION – Original Receipts or invoices must be attached

Total Amount Requested: \$ _____

Items or Services Purchased:

Purpose of item(s) or service(s) purchased (if necessary, attach a letter describing need for items/services in detail):

Have any other resources, such as Medicaid/Medicare/Private Insurance and/or other forms of financial assistance been utilized in attempting to pay for item(s) or service(s) purchased
()yes ()no If yes, please list resources and outcome. Provide documentation as warranted:

Has/Will family/caregiver contribute to expense? ()yes ()no If yes, how much \$ _____

Is any invoice/receipts submitted have a past due balance? ()yes ()no If yes, how much \$ _____

If yes and award is granted, list agency/vendor to make check out to: _____

Address _____

You may request Family Reimbursement from as many agencies as you choose FOR THIS SAME REQUEST AS SUBMITTED. If you have, for our records, please provide us with the following information:

Agency _____ amount requested \$ _____ amount received \$ _____

Agency _____ amount requested \$ _____ amount received \$ _____

Agency _____ amount requested \$ _____ amount received \$ _____

Have you received ANY family reimbursement money from ANIBIC or any other agencies in the last 12 months for other services/items? ()yes ()no If yes, please complete the following:

Agency_____ Date_____ Amount Received \$_____

Agency_____ Date_____ Amount Received \$_____

Agency_____ Date_____ Amount Received \$_____

I hereby acknowledge that the information submitted for this reimbursement application is true and complete.

Print Name_____ Relationship_____

Phone #_____

Signature_____

COMPLETED APPLICATIONS TO:
ANIBIC – R. Plakstis
61-35 220th Street
Oakland Gardens, NY 11364

No Phone Calls regarding Status of Application before the end of the quarter please!