

Request for Payment

Complete the information below. Please ensure all sections are completed before submitting.

Individual's Name who qualifies for services from Fairfield DD

Step 1: Describe Goods or Service Refer to website or handbook for approved items

Step 2: Documentation

Please attach supporting documentation or itemized receipt.

Receipt should only include items requested for reimbursement.

Step 3: Cost of Services

Cost \$ _____

Shipping and Handling \$ _____ (if applicable)

Taxes \$ _____ (if applicable)

Total Cost for Payment \$ _____

Step 4: Identify where payment should be issued

Family Reimbursement Store or Company

Pay to the order of: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

Step 5: Certification of Request

I understand that this is a request for assistance and that in order for it to be approved, the service must be deemed necessary and appropriate for the family and that funding must be available. In addition, I understand that all required documentation must be submitted for payment to be processed.

Parent/Guardian Name

Parent/Guardian Signature

Email: _____

Phone Number: _____

Step 6: Submission

Send completed form to Fairfield DD Family Support Services by **October 31**.

717 College Avenue, Lancaster, Ohio 43130 Fax: 740-756-7857

Email: familysupport@fairfieldddd.com