



Family-Centered Services and Supports (FCSS)

Request for Reimbursement (RR)

FCFCs that have spent at least 25% of the SFY21 FCSS allocation and have submitted the Advance Expenditure Report for SFY21 are eligible to submit an RR for reimbursement. The RR is optional until the 4th quarter. FCFCs will be required to submit all expenses paid with FCSS funds through 3/31/21 on the April RR and Projected Expenditure Report.

All FCSS expenditures entered on the RR must reflect the actual costs of services delivered, and must be spent by county FCFCs during SFY 2021 on services that were provided between July 1, 2020 and June 30, 2021.

This RR is a reimbursement for services and supports that were provided by the FCFC during SFY21 and that exceed at least 25% of the FCFC's SFY21 total allocation.

The funds requested on this RR should be for services/supports that were provided by the FCFC and that are above and beyond the advance funds disbursed to the FCFC.

Expenses can be retroactive to July 1, 2020 regardless of when the county FCFC receives the GFMS Allocation approval for SFY21.

Please do not include any services or supports on this RR that were previously reported on the Advance Expenditure Report or prior RRs.

Please make sure you are reporting the service dates in the date fields and NOT the dates the FCFC paid the invoices.

We understand that the county policy/procedures may be to track invoices by the date the invoice is received & paid, but we need the dates services were provided. We also understand that your FCFC will have service dates that overlap from one RR to the next, since invoices come in throughout the year for services provided during this funding period.

Submit Forms to: OFCF@mha.ohio.gov

Deadline to submit RR: 5th day of each month starting in October. OFCF must receive the RR by close of business on the posted deadline. Otherwise, the request will be processed on the following month.

Request will be processed on or around the last business day of the month. Please allow 20 business days from the processing date to receive the funds.



Family-Centered Services and Supports

(FCSS) Request for Reimbursement

Select the Processing Date:

Nov. Jan. Feb.

May June July

Other Period
(enter below)

SFY: _____ **Sub-Awardee:** _____

Enter the FCFCs Total Allocation Amount for SFY21: _____

Enter Dates Services Were Provided with the Requested Funds: _____ **to** _____

Services Provided this Period for Reimbursement (Enter the dollar amount spent this period next to the service provided):

Non-Clinical In-Home Parent/Child	Transportation
Non-Clinical Parent Support Groups	Parent Advocacy
Parent Education	Social/Recreational Supports
Respite	Service Coordination
Mentoring	Structured Activities
Safety & Adaptive Equipment	Youth/Young Adult Peer Support

Other Services (not listed above)

Enter dollar amount: _____

List the other services provided below:

Amount of this Reimbursement Request (calculates based on totals entered for services above):

Please note: This request should not include services that were provided with the FCSS advance funds received and that were previously reported on the Advance Expenditure Report form.

Person Completing This Form (please print):	Title:	Date:
Phone Number:	E-Mail Address:	

Sub-Awardee Certification (Certification box requires signature of Administrative Agent or FCFC Coordinator/Director)		
I certify that the amounts recorded above represent expenditures in accordance with all articles of the Sub-Award and to the best of my knowledge, all requirements have been fulfilled.		
Signature:	Title:	Date:
Mailing Address:	City, State, Zip:	
Phone Number:	E-Mail Address:	