



## Instructions for Completing the Family Support Service Invoice

### Family Information

**Household Contact:** Fill in the family contact registered with the Family Support Program.

**Individual:** List the name(s) of the individual(s) that are receiving the service.

**Address:** List the current address. If your address has changed, please check the box.

### Provider/ Vendor Information:

**NA/Family Reimbursement:** If you are a provider, you do not need to check the NA/Family Reimbursement. If you are a family member seeking reimbursement for a pre-approved item, please check the box.

**Name, Address, Phone:** Fill out the provider name and address. Please check the box if the provider has a new address. The provider must have a W-9 on file with NEON in order to submit an invoice. List phone numbers in case there are questions regarding the invoice.

**Hourly Unit Rate:** This is the hourly rate negotiated with the family.

**Day Unit Rate:** This is the day unit rate negotiated with the family. It should be used for more than 11 hours of service in the same day.

List the date of service, circle hour or day, list the number of units, the total cost and check in-home or out-of-home. If the using the daily unit, list each day separately. Fill in total cost NEON will pay.

**Family Assessment of Services:** Rate the caregiver using the rating scale provided on the invoice.

**Household Contact Signature:** The household contact must sign the form. NEON cannot process unsigned forms.

**Provider/Vendor Signature:** The provider must sign the invoice form. NEON cannot process unsigned forms.

12/2/10

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