



FAMILY SUPPORT PROGRAM INVOICE

Family Information

Household Contact: _____ E-mail: _____
 Individual's Name(s): _____
 Address: _____ Phone: _____
 _____ Phone: _____
 Check if this is a new address

Provider/Vendor Information

Name: _____ E-mail: _____
 Address: _____
 Street Address (Include PO Box, if mail is delivered to a PO Box) _____
 _____ Phone: _____
 _____ City, State and Zip Code _____
 Check if this is a new address *REQUIRED - Last 4 Numbers of Provider's SSN: _____

Effective immediately, NEON will no longer be issuing checks as a form of payment for the Family Support Program. All payments will be issued through Direct Deposit. Please be advised that without the necessary information for Direct Deposit on file, we will not be able to issue payment. If you should have any questions, please contact the NEON Finance Department at 1-800-237-6828 for assistance.

Hour Unit Rate: _____ (\$17.80 max.) Day Unit Rate: _____ (11 hours or more of continuous service with a \$95 max.)

DATE	UNIT <i>(circle unit)</i>	NUMBER OF UNITS (if day is circled, enter 1 unit)	UNIT RATE	TOTAL COST <i>(number of units X unit rate)</i>	<input checked="" type="checkbox"/> IN HOME	<input checked="" type="checkbox"/> OUT OF HOME
	Hour/Day			\$		
	Hour/Day			\$		
	Hour/Day			\$		
	Hour/Day			\$		
	Hour/Day			\$		
	Hour/Day			\$		
	Hour/Day			\$		
		TOTAL COST NEON WILL PAY:		\$	NEON USE ONLY:	

***NEON is no longer producing paper checks. Payment will be deposited into your account on file within 10 business days.**

Family Assessment of Services: *(Please rate level of care provided)*

___ Excellent ___ Good ___ Satisfactory ___ Fair ___ Poor

HOUSEHOLD CONTACT SIGNATURE: _____ (Required)
 *PROVIDER/VENDOR SIGNATURE: _____ (Required)

***Family-selected providers operate as independent contractors. They are not employees of NEON or the Cuyahoga County Board of Developmental Disabilities. No taxes are withheld from earnings. Earnings are reported to the IRS through a 1099 form if a provider has made \$600 or more.**

Please submit invoice to:

NORTH EAST OHIO NETWORK - Attn: Cuyahoga County Family Support Program
 5121 Mahoning Ave. Suite 103 - Austintown, Ohio 44515

Phone: 1-800-237-6828 FAX: 855-336-6968 email address: CuyFSS@neoncog.org