



of Summit and Portage Counties
 3869 Darrow Road, Suite 109
 Stow, Ohio 44224
 (330) 836-5863
 Fax (330) 836-6043
 TheArc@thearcneo.org

Family Support Services Invoice

Please mail invoice by the 5th of the month for services provided the previous month to:

The Arc of Summit and Portage Counties
 Attention: Verna Whitmire
 3869 Darrow Road, Suite 109
 Stow, Ohio 44224

Phone 330-836-5863 Fax: 330-836-6043

ALL PAYMENTS ARE MAILED THE 15th and 30th OF EACH MONTH DEPENDENT ON DATE OF RECEIPT

Family Information

Please type or print

Household contact: _____
 Individual Name: _____

**Please fill out an additional form for each individual **

Check if Parent/ Individual has moved and please print new address below.

New Address: _____
 Phone: _____ Work Phone: _____ Cell Phone: _____

Provider/Vendor Information

Check if new address

Name: _____
 Address: _____
 Street City State Zip
 Phone: _____ Alternate Phone: _____

Provider Number (if Certified Provider) _____

Respite Hourly Rate: _____ (Multiply this rate with total time to calculate cost below)

Provider PAID – Please reimburse household contact

| Date | Time In | Time Out | Total Time | Total Cost | Remaining FSS Amount | Arc staff initials | Misc. |
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| Total Monthly Costs | | | | | | | |
| Total Remaining FSS Amount | | | | | | | |

Family Assessment of Services:

___ Excellent ___ Good ___ Satisfactory ___ Fair ___ Poor ___ Please call to discuss

Guardian/Household Contact Signature: _____ Date: _____

Provider/Vendor Signature: _____ Date: _____

***Note: Payment will not be made without both signatures