Florida Developmental Disabilities Council, Inc.

Personal Support Provider Reimbursement Form

800-580-7801 Toll Free

Remit to:

FDDC

124 Marriott Drive, Suite 203
Tallahassee, FL 32301

Payee _____

Address _____

Address _____

Phone _____

Email Address _____

Purpose/Meeting _____

*** Original signatures for reimbursement required***

The Florida Developmental Disabilities Council will provide reimbursement for care and support required for you to be fully included in our Council sponsored activities. Reimbursement will be based on the level of need defined on your Level of Need Form. **Reimbursement requests must be submitted no later than ninety (90) days after the completion of virtual learning class/travel to be considered for reimbursement.**

Section 1

Please identify the following reimbursement category:

☐ Personal Support

☐ Respite/Child care   Name of Child(ren)_____

Location of Service:_____

Person Providing Services:

*Name:*_____

*Address:*_____

*City:*_____

*State:*_____

*Zip:*_____

Provider Signature_____ ***Date***_____

Section 2

Date (MM/DD/YY)						
Start Time						
End Time						

Section 3

Meal Allowances						Total
Breakfast ($15)						
Lunch ($15)						
Dinner ($30)						
Sub-Total for Section 3						

For Internal Use Only						
Hours Total						
	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Total Per Day	Grand Total
Total (based on established level of need plan)	$	$	$	$	$	$

☐ *Support Plan on File:*

☐ *Level 1*   ☐ *Level 2*   ☐ *Level 3*

Prog Apprvl.: _____ Date _____ Prepared by _____

Account: _____ State Plan Obj. # _____ Reviewed by _____

Chief Financial Officer Approval: _____ Date _____

I hereby certify or affirm and declare that this claim for reimbursement is true and correct in every material matter; that the expenses were actually incurred by me or allowed in accordance with Council policies as necessary in the performance of Council Business; and that these expenses have not and will not be reimbursed by another agency or entity.

*Participant's Signature _____ Date _____

Revised 10/23/24