



### **Instructions for Completing the Family Supports Program Invoice\***

\*Invoices should NOT be completed or submitted until after the services have been provided.

#### **Family Information**

**Household Contact:** Fill in the family contact registered with the Family Supports 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:**

**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 form and a Direct Deposit Enrollment Form on file with NEON before any payments can be processed. List phone numbers in case there are questions regarding the invoice.

**Hourly Unit Rate:** The hourly rate is used for services up to 10 hours a day and is negotiated between the family and provider. The maximum hourly rate paid is \$20.48.

**Day Unit Rate:** The day rate is used for 11 or more hours of continuous service and is negotiated between the family and provider. The maximum day rate paid is \$95.

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 using the day unit, list each day separately, circle day, and enter "1" for number of units. 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.

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