

## FAMILY SUPPORTS 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), City, State and Zip  
 Phone: \_\_\_\_\_  
 Check if this is a new address \*REQUIRED – Last 4 Numbers of Provider's SSN: \_\_\_\_\_

NEON does not issue checks as a form of payment for the Family Supports Program.  
 All payments will be issued through Direct Deposit. Please be advised that without the necessary  
 information for Direct Deposit on file, payment will not be issued.  
 If you have any questions, please contact the NEON Finance Department at 1-800-237-6828.

Hour Unit Rate: \$ \_\_\_\_\_ (\$20.48 max) Day Unit Rate: \$ \_\_\_\_\_ (11 hours or more of continuous service with a \$95 max)

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

\*NEON does not produce paper checks. Payment will be deposited into your account on file within 15 business days

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

Excellent   
  Good   
  Satisfactory   
  Fair   
  Poor

By signing below, you confirm that the information contained herein is accurate and that the services listed were provided prior to signing and submitting this invoice. Cuyahoga DD and NEON reserve the right not to pay an invoice submitted prior to the provision of services.

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 provider has made \$600 or more

### Please submit invoice to

Cuyahoga DD Family Supports Program c/o North East Ohio Network  
 721 Boardman Poland Road, Suite 103  
 Boardman, OH 44512

PHONE: 1-800-237-6828

FAX: 1-855-336-6968

EMAIL ADDRESS: CuyFSS@neoncog.org