

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: \$ _____ (\$20.50 max) Day Unit Rate: \$ _____ (11 hours or more of continuous service with a \$205 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			\$		
TOTAL COST NEON WILL PAY:				\$	NEON USE ONLY:	

***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