



FAMILY SUPPORT SERVICES INVOICE

Please scan the QR code to securely submit invoice:



Or Mail to:

NORTH EAST OHIO NETWORK
Attn: Portage FSSP
 721 Boardman-Poland Rd, Ste 103
 Youngstown, Ohio 44512

Phone: 234-254-5874
 Fax: 330-793-8284

Or Email to: PortageFSS@neoncog.org

ALL PAYMENTS ARE MAILED WITHIN 10 BUSINESS DAYS FROM RECEIPT OF INVOICE

Family Information

(PLEASE TYPE OR PRINT NEATLY)

Household Contact: Nicholas Stanley

Individual's Name(s): Jessica Stanley

Address: 323 Red Oak Ln
Youngstown OH 44514 Phone: (121) 232-1321
 City State Zip

Check this box if you are requesting to be reimbursed Email: MsbRocks@gmail.com

Provider / Vendor Information

Check if New Address Below

Name: Julia Lowry

Address: 443 Island Dr.
 Street Address (For IRS tax purposes, do not use P.O. Box address)

Poland OH 44514
 City State Zip

Phone #: (121) 321-3123 Email: JuliaGulia@yahoo.com

Last 4 of Social Security #: 1234 Tax ID (EIN) #: _____
 (Individual Provider) (Agency Provider)

Respite Hourly Rate: \$ \$ 15 (Multiply this rate with the Total Time to calculate Total Cost below)
 Max \$20/hour

DATE	TIME IN	TIME OUT	TOTAL TIME	TOTAL COST	REMAINING QUARTERLY AMOUNT	IN HOME	OUT OF HOME
9/1/24	8:00 am	10:00 am	2 hrs	\$ 30.00	\$400.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/2/24	10:30 am	6:30 pm	8 hrs	\$ 120.00	\$280.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9/6/24	12:30 pm	3:30 pm	3 hrs	\$ 45.00	\$235.00	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				\$		<input type="checkbox"/>	<input type="checkbox"/>
				\$		<input type="checkbox"/>	<input type="checkbox"/>
				\$		<input type="checkbox"/>	<input type="checkbox"/>
				\$		<input type="checkbox"/>	<input type="checkbox"/>
				\$		<input type="checkbox"/>	<input type="checkbox"/>

OTHER COSTS (Give Brief Description)

	\$	
	\$	
	\$	
Total Cost:	\$ 195.00	
Less Family Co-Pay (<u>25</u> %)	\$ 48.75	Co-pays are currently suspended
TOTAL COST NEON WILL PAY:	\$ 146.25	

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

Excellent Good Satisfactory Fair Poor

HOUSEHOLD CONTACT SIGNATURE: Nicholas Stanley

DATE: 9/9/24

PROVIDER / VENDOR SIGNATURE: Julia Lowry

DATE: 9/9/24