



FSS Reimbursement Resource Network Application 2019

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Mail: Racker, 3226 Wilkins Road, Ithaca NY 14850 Attn: Resource Network / Fax: (607) 272-0188

Please pursue all other resources first if another program can provide this item/service.

Date of Request: _____

Individual's Name: _____

Date of Birth: _____

Medicaid #: _____

TABS ID#: _____

Who does the individual reside with?

County of Residence: _____

Parent/Caregiver Name: _____

Address #: _____

City/State/Zip: _____

HCBS Waiver enrolled? Yes No

Care at Home Waiver enrolled? Yes No

Self-Directed Plan? Yes No Pending

If Self-Directed, provide broker or FI name/phone:

Indicate the category of need best describing the item/service requested and attach the required documentation and receipts (if a reimbursement):

- Basic Unmet Needs Housing Respite
- Conferences Medical Transportation
- Equipment Recreation Other _____

Please describe what you are requesting: _____

Total Cost: \$ _____ **Family contribution:** \$ _____ **RN Request** \$ _____

How will it benefit the person you support?

Have you already attempted to access any of the following resources: Assistive Technology (includes Environmental Modifications and Adaptive Devices), private insurance, Medicaid, program scholarship, Rotary, Elks, food banks, church, etc or grant funding?

Yes No Please describe which resources and the outcome:

