



149 Elm St.
Monroe, NY 10950

Tel. 845.782.7700

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FAMILY SUPPORT SERVICES APPLICATION			
Family Reimbursement			
Applicant's Name:		Phone Number:	Date of application:
Relationship to Consumer:		Consumer's Name:	
Consumer Address:		City, State, Zip:	
Consumer Phone Number:	Primary Diagnosis:	Date of Birth:	TABS ID:
Medicaid Number:	Social Security Number:	Name/phone # of Service Coordinator:	
Do you or anyone in your family receive: Medicaid _____ Medicare _____ SSI/SSDI _____ Food Stamps _____ Section 8 Housing _____ Temporary Assistance _____ Worker's Compensation _____			
What is the total income of the household (please include taxable and non-taxable income such as SSI, Disability, Worker's Compensation)?			
Currently enrolled in Waiver:	Number of Household:		Living Arrangements:
Dates	Psychological:	Psycho-social:	Physical:
Short Description of Request: (please attach extra sheets if needed)			
Reason item needed: How will it benefit your life?			
Approximate Cost:		Family contribution:	
Is this item funded through any other source:		Did the client receive Family Support Services funding this year:	
Other sources tried before? (Where) What was the response (please attach denial letter)?			
Who will the check be made out to?			

Name, Phone number and Address:					
All the above statements are true.			Signature:		
For Agency Use Only					
Date:		Check#:		Amt.:	
Review Date:	Disapproved:	Approved:	Tabled for:	Amount:	
Chairman's Signature			Executive Director's Signature		

Requirements for Rayim's Family Reimbursement

- All applications must be submitted with documentation of disability, proof of income. Incomplete applications cannot be processed.
- Receipts or invoices must be attached to the application.
- Service Coordinators must submit an addendum to the ISP adding Rayim of Hudson Valley as a Family Support Service.
- All applicants must be residents of Orange, Rockland or Sullivan County.
- Please mail all completed applications with required documentation to:

Rayim of Hudson Valley
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