



## **FY 2018 Individual and Family Support Program**

### **Receipt Policy**

**Version: March 1, 2018**

All individuals who receive IFSP Funds must provide documentation that the applicant has expenses that the IFSP is allowed to cover. Documentation is provided when the “Responsible Party” submits a receipt of payment for any of the following items:

#### **IFSP Covered Services and Supports**

*From Department of Behavioral Health and Developmental Services Individual and Family Support Program Guidelines ver. August 2017, Section. IV. Covered and non-covered services and supports*

Services and items funded through the IFSP are intended to support the continued residence of an individual in his own or the family home and may include:

1. Professionally provided services and supports, such as respite, transportation services, behavioral consultation, and behavior management;
2. Assistive technology and home modifications, goods, or products that directly support the individual;
3. One month rental/mortgage assistance or deposits;
4. One month assistance with utilities or deposits;
5. Dental or medical expenses of the individual;
6. Family education, information, and training;
7. Fees for summer camp and other recreation services for the individual;
8. Peer mentoring and family-to-family supports;
9. Emergency assistance and crisis support;
10. Other direct support services, including limited provision of services such as: Companion Services, Personal Assistance Services, Personal Emergency Response Systems, Therapeutic Consultation, and companion animals, employment support services.

Additionally, all receipts must also meet the following requirements:

- Receipts can only be made for purchase of items or expenses that occurred after the funds were issued for the funding year. All receipts must be received by IFSP Staff no later than July 2, 2018.

Please remember: The IFSP must receive receipts that total the amount of the funds awarded. If the program does not receive the receipts covering the amount of the approved funds, applicants will not be eligible for future IFSP application periods.

## Steps for Submitting Receipts

1. To ensure that your receipts are correctly credited, please consider using the attached *IFSP Receipt Submission Form*.
2. Collect all receipts.
3. Please clearly print “FY 2018” on each receipt that you submit.
4. Clearly print the name of the individual who is on the waitlist on the left corner of the receipt.
5. If you are sending in receipts for more than one individual, please be sure to itemize the receipts for each individual separately.
6. Please write the item description on the receipt if it is not clear what was purchased.
7. Special Instruction for receipts for respite and transportation:
  - Receipts for transportation and/or receipts for services should be bundled and submitted monthly.
  - Respite: Receipts for respite services must include the following:
    - Date the service was provided
    - Amount paid for service
    - Name of the individual on the waitlist who received the services
    - Name of the respite provider printed clearly
    - Signature of the respite provider
8. Mail, e-mail or fax your receipts to the IFSP. (Note: Please keep a copy of your receipts for you records).

- *E-mail* receipts to [IFSPSupport@dbhds.virginia.gov](mailto:IFSPSupport@dbhds.virginia.gov). Please attach receipt images as either a pdf or jpg.

- *Mailing* instructions: Place the receipts in an envelope and mail to  
IFSP/DBHDS  
Individual and Family Support Program  
[1220 Bank Street](#)  
Richmond, VA 23219

Please be sure to put your return address on the envelope and keep a copy of the receipts for your files.

- *Fax* receipts to [804-786-0076](tel:804-786-0076) .

9. IFSP will publish additional information via the DBHDS website with information on how to use the online portal to upload and verify that receipts have been received.



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### Receipt Remittance Form

Name of the Persons Assisted \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Responsible Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Total Receipt Amount: \_\_\_\_\_ Total Number of Receipts Submitted: \_\_\_\_\_

Submission Date: \_\_\_\_\_

#### Receipt Checklist (Please make sure you have completed the following steps)

- ✓ “FY 2018” is printed on each receipt.
- ✓ Write the item description on the receipt if it is not already written
- ✓ If the receipt is for respite or transportation, be sure to follow the special instructions.
- ✓ Mail, e-mail or fax your receipts to the IFSP.

**E-mail** receipts to [IFSPSupport@dbhds.virginia.gov](mailto:IFSPSupport@dbhds.virginia.gov). Attach receipts as either pdf or jpg.

**Mail** receipts to IFSP/DBHDS; [1220 Bank Street](https://www.google.com/maps/place/1220+Bank+Street,+Richmond,+VA+23219), Richmond, VA 23219

**Fax** this coversheet and your receipts to [804-786-0076](tel:804-786-0076)

If you have questions or need additional information, please contact any of the following via email.

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