



Association for Habilitation and Residential Care

Thank you for your interest in our Family Support Services (FSS) Reimbursement Program. This program assists families with costs that are associated with their family member's developmental disability.

FSS is available to families to enhance a family's ability to provide in-home care to their family members with an intellectual or developmental disability. FSS includes goods, services and subsidies, as determined appropriate by the family, FSS provider and OPWDD. Reimbursement through FSS may only be provided after families have sought funding through all other funding sources (e.g., private sources; early intervention or school services; Medicaid; the HCBS Waiver; and other city, county, state, or federal sources). Family reimbursement through the FSS program is the funding of last resort and provided to meet the goals of providing a quality of life comparable, to the extent practicable, to that of similarly situated families without a family member having a developmental disability. Maintaining family unity, preventing premature or inappropriate out-of-home placement, reuniting families, enhancing parenting skills, and maximizing the potential of the family member with a developmental disability are all the mission and intent of this assistance (Section 41.43 of the NYS Mental Hygiene Law).

Please carefully review the attached guidelines for the 2024 fiscal year. In order to service as many families as possible, a new application must be submitted each fiscal year with priority given to first-time applicants. Each application will be reviewed by a committee and prioritized based on need. Please note that your application may be put on hold with an option to be held on a waitlist under OPWDD guidance (ADM-2022-02R). Please fully complete the **Family Reimbursement Application** and **Attestation**. For those that are enrolled in a Care Management Service (CCO), the Individual's Life Plan must also be submitted and FSS should be listed in Section V of the Life Plan. Please ask your Care Manager if you have one to assist you in completing and submitting this application. You may also include receipts and, if applicable, the Respite Verification Form. The application can be emailed, faxed or mailed.

[familyreimb@suffahrc.org](mailto:familyreimb@suffahrc.org)

Fax# 631-585-0233  
Attention: Family Reimbursement

AHRC Suffolk  
2900 Veterans Hwy  
Bohemia, NY 11716

For a complete listing of other helpful Family Support Service programs, please go to **www.LIFSSAC.com** and click on the **FSS Grant List**. If you require further assistance, please call us at 631-585-0100

Sincerely,

Suffolk AHRC  
Family Reimbursement Committee