



**BOONE COUNTY FAMILY RESOURCES**

**REIMBURSEMENT REQUEST**

**FOR TOILETING SUPPLIES, MISCELLANEOUS FAMILY SUPPORTS, ASSISTIVE TECHNOLOGY, DEVELOPMENTAL  
DISABILITY EDUCATION ASSISTANCE**

<b>RESPONSIBLE PARTY NAME:</b>	<b>CLIENT NAME:</b>	<b>SUPPORT COORDINATOR/ COMMUNITY RESOURCE SPECIALIST:</b>
--------------------------------	---------------------	--

Date(s) of Purchase	Description of Purchase	Out of Pocket Expense	Requested Reimbursement
			\$
			\$
			\$
			\$
			\$
			\$

**Please Attach the Following Required Documentation to Receive Reimbursement:**

- ☐ **Receipt and/or Documentation of Purchase**

**TO RECEIVE REIMBURSEMENT, SUBMIT THE COMPLETED FORM WITH THE REQUIRED DOCUMENTATION ATTACHED  
VIA MAIL OR EMAIL TO THE SERVICE PROCUREMENT SPECIALIST BY THE 5<sup>TH</sup> OF THE MONTH.**

**REIMBURSEMENTS MAY BE DELAYED IF NOT SENT AS INDICATED BELOW:**

**To submit via email:** serviceprocurement@bcfr.org

**To submit via mail or in person:**  
Boone County Family Resources  
**Attn: Service Procurement Specialist**  
2700 West Ash  
Columbia, MO 56203

**\*SUPPORT COORDINATORS OR COMMUNITY RESOURCE SPECIALISTS CANNOT RECEIVE REIMBURSEMENT  
REQUESTS OR SUBMIT ON YOUR BEHALF\***

I/Our family understand and agree to follow the conditions for participation in the Reimbursement Program on the reverse of this form. I/Our family have received and paid for the service(s) listed on this form and hereby request financial reimbursement. I hereby certify that I have not received reimbursement not will I seek reimbursement for the service(s) elsewhere.

\_\_\_\_\_  
Responsible Party/Family Member

\_\_\_\_\_  
Date

The Boone County Family Resources (BCFR) Reimbursement Program enables families to have more choices in selecting their service providers. Families can be reimbursed for payment to eligible providers. If you have questions about our reimbursement program, please contact your Support Coordinator or Community Resource Specialist at 573-874-1995.

## CONDITIONS FOR PARTICIPATION IN THE REIMBURSEMENT PROGRAM

*Read Carefully*

1. BCFR's reimbursement limited to services/supports prior authorized in the Agency's authorization system. If you have questions regarding the authorized amount, please contact your Support Coordinator or Community Resource Specialist prior to submitting your Reimbursement Request.
2. You may submit reimbursement requests at any time during the authorized month, or within 95 days after the month of service. All required documentation must be fully completed and submitted together at the same time. Submit all dates of service together for a given month. Additional dates for the month will not be reimbursed after BCFR payment has been processed for the month.

Month of Service	Last Day Paperwork will be Accepted for Reimbursement (95 days after month of service)
January 2025	Monday, May 5, 2025
February 2025	Thursday, June 5, 2025
March 2025	Monday, July 7, 2025
April 2025	Tuesday, August 5, 2025
May 2025	Friday, September 5, 2025
June 2025	Monday, October 6, 2025
July 2025	Wednesday, November 5, 2025
August 2025	Friday, December 5, 2025
September 2025	Monday, January 5, 2026
October 2025	Thursday, February 5, 2026
November 2025	Thursday, March 5, 2026
December 2025	Monday, April 6, 2026

Find and print the 2025 – 2028 Reimbursement Request Deadlines at [www.bcfrr.org/services/support-coordination/reimbursed-services/](http://www.bcfrr.org/services/support-coordination/reimbursed-services/)

3. Use this form to request reimbursement for:
  - a. Authorized Toileting Supplies
  - b. Authorized Miscellaneous Family Supports
  - c. Authorized Assistive Technology
  - d. Authorized cost, lodging, mileage for Developmental Disability Education Assistance

If you need additional copies of this form, contact your Support Coordinator or Community Resource Specialist or see the BCFR website at: [www.bcfrr.org/services/support-coordination/reimbursed-services/](http://www.bcfrr.org/services/support-coordination/reimbursed-services/)

4. Please submit complete and accurate reimbursement requests via mail or email to the attention of the Service Procurement Specialist, at the address noted on the front of this page, by 5:00 pm on the 5<sup>th</sup> of the month to allow for reimbursement by the 20<sup>th</sup> of that month. Any request received after the 5<sup>th</sup> of the month or that were not fully completed by the 5<sup>th</sup> of the month, payment will be sent by the 20<sup>th</sup> of the following month, once fully completed. If the 5<sup>th</sup> falls on a weekend or holiday of which the Agency is closed, submission of requests are due by 5:00 pm on the following business day.
5. Reimbursement from this agency will not exceed the authorized amount or the established agency service limits and unit costs.
6. Complete this and other forms electronically or in ink. Please do not use white out. Strike through any errors.