



## 2017 Reimbursement Application

Attestation for Reimbursement for:

\_\_\_\_\_ (Name of applicant)

By signing below, I acknowledge that I have read and agree to adhere to the reimbursement guidelines. I certify that all bills, invoices and receipts submitted for reimbursement are for goods and services associated with the individual's developmental disability and are true.

\_\_\_\_\_  
Signature of Consumer or Parent/Guardian

\_\_\_\_\_  
Print Name of Consumer or Parent/Guardian

\_\_\_\_\_  
Date

### Developmental Disabilities Regional Office, Region 5

Counties Served: Nassau and Suffolk (Long Island DDSO)