

Fiscal Year FY24

**FAMILY RESOURCE CENTER  
FLEX FUNDING REIMBURSEMENT FORM**

Send this form and any receipts to:

Northeast Arc

Family Resource Center

100 Independence Way STE D3

Danvers, MA 01923

Fax: 978-762-3980 (ATTN: *Aymee Lucifora, Naomi Chicos, or Thea Koutoulas*)

Email: *FRC-IHS@ne-arc.org*

Unsigned forms will not be processed

**MAKE CHECK PAYABLE TO:**

**PROVIDER/VENDOR NAME:** Northeast Arc Recreation Department

**ADDRESS:** 100 Independence Way STE D3

**CITY/TOWN/ZIP:** Danvers MA 01923

CONSUMERS NAME: \_\_\_\_\_

\_\_\_\_\_ RESPITE

\_\_\_\_\_ PURCHASE OF GOODS  
(Attach Receipts)

\_\_\_\_\_ PURCHASE OF SERVICE  
(Attach Receipts)

**FAMILY MEMBER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**RESPITE PROVIDER'S NAME:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**RESPITE PROVIDER'S SIGNATURE:** \_\_\_\_\_

Respite Dates: \_\_\_\_\_ Times: \_\_\_\_\_ Total Hrs. X Rate of Pay: \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL AMOUNT PAID TO PROVIDER: \$ \_\_\_\_\_

**Office use only**

**ACCOUNT BEING CHARGED:** 46860-682

DATE RECEIVED: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_

PROGRAM APPROVAL: \_\_\_\_\_

FINANCIAL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_