

# COMMUNITY BASED CARE

## KEYS TO INDEPENDENCE

### REIMBURSEMENT REQUEST

**Instructions:** Complete and sign page 2 of this form, and submit with required documentation. All reimbursement requests must be accompanied by documentation indicating payment receipt and, when applicable, completion of the service (i.e., completion of a driver’s education course).

Reimbursement of an approved expense will be made within thirty days of receipt of the request. Program staff will contact the youth and his/her caregiver if any further documentation is required or if a reimbursement cannot be made.

EXPENSE	LIMIT	DOCUMENTATION REQUIRED
Learner’s License Fee	Actual cost or \$100 limit	DMV Payment Receipt and Copy of License
Driver’s License Fee	Actual cost or \$100 limit	DMV Payment Receipt and Copy of License
Testing Fee (knowledge or skill retest)	Actual cost or \$100 limit	DMV Payment Receipt
4-Hour Traffic Law & Substance Abuse Course	Actual cost or \$100 limit	Vendor Payment Receipt and Cert. of Completion
Driver’s Education Course	Actual cost or \$500 limit	Vendor Payment Receipt and Cert. of Completion
Other costs incidental to licensure – to be determined on an individual basis	Contact Program Staff	TBD on an individual basis; contact an Initiative Support Manager
Deductible	Actual cost or \$1000/limit	Evidence of payment; contact an Initiative Support Manager
Insurance	Actual cost. Monthly limitations may be imposed at a later date based on availability of funds. Ample notice will be provided to youth and caregivers of such changes.	Copy of insurance bill, reflecting cost and coverage dates, <u>AND</u> Documentation from insurance provider of increased cost associated with adding youth to policy

Requests may be submitted in any of the following ways:

- Via email to [info@keystoindependencefl.org](mailto:info@keystoindependencefl.org)
- Via fax to 407-681-0560
- Via US Mail to: CBC of Central Florida, Inc.  
Attn: Keys to Independence  
4001 Pelee St.  
Orlando, FL 32817

**YOUTH INFORMATION (please print):**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**CAREGIVER INFORMATION (please print):**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Relationship to Youth: \_\_\_\_\_

EXPENSE	AMOUNT
Learner's License Fee	\$
Driver's License Fee	\$
Testing Fee (knowledge or skill retest)	\$
4-Hour Traffic Law & Substance Abuse Course	\$
Driver's Education Course	\$
Insurance	\$
Insurance Policy Number	
Dates of Insurance Coverage	
Other costs incidental to licensure – to be determined on an individual basis	\$
Deductible	\$

**MAKE CHECK PAYABLE TO:**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apt./Suite: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature of Youth Date

\_\_\_\_\_  
Signature of Caregiver Date

\*\*\*Submit form with required documentation to [info@keystoIndependencefl.org](mailto:info@keystoIndependencefl.org). Contact an

Initiative Support Manager at 321-441-2060 with questions.