



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF LONG TERM SUPPORTS AND SERVICES

BUREAU OF DEVELOPMENTAL SERVICES

Jeffrey A. Meyers
Commissioner

Deborah D. Scheetz
Director

105 PLEASANT STREET, CONCORD, NH 03301

603-271-5034 1-800-852-3345 Ext. 5034

Fax: 603-271-5166 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Laconia State School Trust Fund – Area Agency Request
(Revised 6-2019)

Name of individual requesting funds: _____

Was the individual a resident of Laconia State School? _____ Yes _____ No

If no, the individual is not eligible for funds

If yes, what time period did the individual reside at Laconia State School? _____

Reason for Reimbursement Request

Table with 4 columns: Purpose, Amount Requested for Reimbursement, Has individual accessed the fund for this previously? If yes, how much did they access and when?, and sub-columns for Amount and Date. Rows include Yearly Caps Apply (Transportation, Clothing, Home Equipment, Education) and Lifetime Caps Apply (Dental Work, Adaptive Durable Medical Equipment).

Name: _____

Page 2

Amount Requested: _____

Name and address of payee (individual or vendor): _____

Area Agency Approval

Name of Area Agency: _____

I certify that the above reimbursement request is valid, there are no alternative funds to pay for the request (including Medicaid), this payment will not negatively affect any public benefits received by _____ and have **attached appropriate receipts.**

Signature of individual / guardian / representative

Date

Name & Signature of Area Agency representative

Phone #

Date

Developmental Services Approval

I have reviewed the reimbursement request and supportive documentation and I approve the request and certify that there are no alternative funds to pay for the request (including Medicaid). This payment will not negatively affect any public benefits received by the above individual requesting funds.

Name & Signature of BDS Liaison

Phone #

Date

Name & Signature of BDS Financial Administrator

Phone #

Date

Name & Signature of BDS Bureau Chief

Phone #

Date

Comments: