



FDS Special Needs Program Outside Funding Authorization Form

This form is required for families who plan to use third-party or outside funding sources to pay for classes or lessons at FDS, whether participating in our Special Needs Program or not. Please note that completing this form does not guarantee that we can accept these funds. Families must receive written approval from FDS administration ***BEFORE*** adding FDS as a provider.

Family & Student Information

Student Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____ Email Address: _____

Phone Number: _____ Date of Consultation: _____

Outside Funding Information

1. Does your family plan to use outside or third-party funding to pay for FDS classes or lessons?
 Yes No

2. Name of funding company / organization: _____

3. Primary contact person (if applicable): _____

4. Funding company email and/or phone number: _____

5. Type of funding source (check all that apply):

- Regional Center
- Insurance-based program
- Scholarship / Grant
- Other: _____

6. If applicable, what Financial Management Service (FMS) or payment processor will be used?
(Examples: Accura FMS, GT Independence, etc.)

Billing & Invoice Requirements

7. Does the funding company require FDS to submit invoices directly?
 Yes No Not sure

8. If yes, what system or format is required for invoicing?

(Example: online portal, PDF invoice, etc.) _____

9. Billing frequency required by the funding company:

Weekly Monthly Per session Other: _____

10. Is there a maximum hourly, per-session, or monthly reimbursement rate set by the funding source?

Yes (please specify): _____

No

Not sure

11. Is pre-authorization required before services can begin?

Yes No Not sure

Class & Lesson Coverage

12. What type(s) of classes or lessons will this funding cover?

Group classes

Private lessons

Semi-private lessons

Camps / workshops

Other: _____

13. Approved number of sessions or hours (if known): _____

14. Approved date range for services (if known): From _____ To _____

15. Does the funding source reimburse for missed classes or late cancellations?

Yes

No

Not sure

Requirements & Documentation

16. What documentation is required from FDS?

(Check all that apply)

Invoices

Attendance records

Progress notes

Provider credentials

Other: _____

17. Who should FDS contact first regarding billing or payment issues?

Parent/Guardian

Funding agency / FMS

18. Any additional reporting or deadlines we should be aware of? _____

Payment Responsibility Acknowledgement

Please read and initial below:

I understand that FDS does not guarantee payment from any third-party or outside funding source and is not responsible for delays, denials, partial payments, or non-payment by the funding source or its payment processor (including any Financial Management Service).

I understand that the family remains fully financially responsible for all charges incurred at FDS if the funding source fails to pay for any reason.

I understand that if payment is not received within 30 days of invoicing, the outstanding balance becomes the responsibility of the family and must be paid out of pocket.

I understand that missed classes, late cancellations, or absences may not be reimbursed by the funding source, and the family is responsible for any resulting balance.

I understand that services may be paused or discontinued if payment becomes overdue or if required documentation is not completed in a timely manner.

I acknowledge that FDS policies and tuition rates apply regardless of funding source.

I understand that FDS reserves the right to update billing and payment policies as needed, and families will be notified of any changes in advance.

Parent/Guardian Initials: _____

Authorization & Signature

I confirm that the information provided above is accurate and complete. I authorize FDS to submit invoices and required documentation to the funding source listed above if I am approved by FDS administration to add FDS as a vendor.

I authorize FDS to communicate directly with the funding source and/or Financial Management Service (FMS) regarding services, billing, attendance, and required documentation.

Parent/Guardian Name: _____

Signature: _____

Date: _____