



Family Support Services Request Form

(Please complete, print and sign)

For use by eligible families and parties acting at the request of eligible families, to register requests for services funded through the Portage County Board of Developmental Disabilities Family Support Services Program.

ALL REQUESTS MUST BE PRE-APPROVED BEFORE MAKING ANY PURCHASES/REIMBURSEMENTS

1. Name of the family making request _____ Name of Person Served: _____

2. Address of family _____ Phone: _____

Age: _____ Diagnosis: _____ Family Co-Pay % _____

Does your child have an IEP: Yes No Does the Individual have a waiver? Yes No

3. Type of Service (check one)

- Diapers
- Dietary Items
- Recreational Therapies/Family Training
- Camp Assistance
- Home Modification
- Respite

4. Please describe, specifically, what item/service you wish to purchase with FSSP assistance (include brand name, model, color, etc., as applicable:)

5. Please describe cost of item/service:

If applicable, what is the unit (case, pack, hour, session, etc.)? _____

How much does one-unit cost? \$ _____

How many units do you need? _____

How much is shipping/handling cost, if any? \$ _____

Total Cost: \$ _____

6. Do you wish your family to be reimbursed for approved expenses? (check one) yes no

7. Do you wish FSSP to pay the supplier/service provider directly? (check one) yes no

Name: _____

Address: _____ City/State/Zip: _____

8. How will the item/service you are interested in help you provide care or meet the special needs of the person?

9. Did you discuss your need with the SSA/Service Coordinator/Service Planning Team before requesting FSSP assistance? (check one) yes no Name of person: _____

If "Yes," please list any alternatives or discussions that were described and follow-up action that was taken:

10. Signature of person making request: _____ Date: _____

Please mail or fax this form along with accompanying documents relative to the service request to: Northeast Ohio Network, Attn: Portage FSSP, 721 Boardman-Poland Rd, Ste 103, Boardman, OH 44512-5105. Fax: 330-793-8284 | Phone: 800-237-6828

FOR INTERNAL USE ONLY

____ Approved Conditions, if any: _____
____ Denied Reason: _____