



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

- Name of the family making request _____ Name of Person Served: _____
- 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
- Type of Service (check one)
 Diapers Camp Assistance
 Dietary Items Home Modification
 Recreational Therapies/Family Training Respite
- Please describe, specifically, what item/service you wish to purchase with FSSP assistance (include brand name, model, color, etc., as applicable:)
- 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: \$ _____
- Do you wish your family to be reimbursed for approved expenses? (check one) yes no
- Do you wish FSSP to pay the supplier/service provider directly? (check one) yes no
 Name: _____
 Address: _____ City/State/Zip: _____
- How will the item/service you are interested in help you provide care or meet the special needs of the person?
- 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:
- 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: George Callow, 721 Boardman-Poland Rd, Ste 103, Boardman, OH 44512-5105. Fax: 330-793-8284 | Phone: 800-237-6828, Ext 117

FOR INTERNAL USE ONLY

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