Southwestern Ohio Council of Governments (SWOCOG)
412 S. East St.
Lebanon, OH 45036
Phone (513) 559-6953, Fax (855) 763-3050
Michelle.Hoying@swocog.org

VERIFICATION OF NEED FORM /FUNDING REQUEST (FSSP) 2026

Name of person enrolled:_____ Date: _____

Address:_____ Phone: _____

DOB _____ County: CLERMONT

Contact person:_____ Phone: _____

Email address: _____

If the voucher or check is to be sent to someone other than the family, please indicate here:

_____

Type of service/item requested and how it will help:

We will also need a printed price quote from the provider for equipment purchases or home modifications that list the name and address of the provider, the item or modification needed, and the total cost with this form including taxes, shipping and handling fees.

Please indicate if you would like to have this request handled as a reimbursement Yes☐ No ☐

*****Do not purchase any item until you have been notified by FSSP that the item has been approved*****

If item is not to be handled as a reimbursement, the request will be processed according to your county guidelines. If a check is issued, you are REQUIRED to provide a receipt to verify funds were spent appropriately.

Please indicate by either an "X" or "N/A" the alternate funding resource applied for or denied to the family.

_____ Family's Insurance
_____ Medicaid/Medicare
_____ BCMH (Bureau for Children w/Medical Handicaps)
_____ BVR (Bureau of Vocational Rehabilitation)
_____ Board of DD Services/waiver

Individual/Family signature: _____

Name of person enrolled:_____

County: CLERMONT

This section to be completed by the professional recommending the service/item requested. The professional completing this section can be the doctor, therapist, or County Board of DD Services professional, working with the person enrolled. If you enclose a separate letter of need from the professional, we do not need this section completed.

Professional's name: _____ Title: _____

Address: _____ Phone: _____

Email: _____

Signature: _____

Statement of why service/item is needed and how it relates to the persons disability. (If requesting an iPad, computer, or laptop, the item must meet an assessed need; can be functionally utilized by the individual with the disability making the request; is not for the purpose of meeting an educational need or service as required by the IEP. An iPad, computer, or laptop will only be considered for individuals age six and older in Clermont County.)