

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

**REQUEST FOR VOUCHERS FORM**

**\*\*\*\*JANUARY 1<sup>ST</sup> – DECEMBER 31<sup>ST</sup> 2026\*\*\*\***

*Return to: SWOCOG – FSSP*

**Name of person enrolled:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**County:** **Hamilton**

**Phone number:** \_\_\_\_\_

***Respite, Community Activities, Counseling, & Therapies***

*A completed provider application must be on file for Respite*

<u>Provider(s)</u>	<u># of Vouchers Needed</u>	<u>Amount \$ needed per voucher</u> <i>(limit of \$200/day for Respite)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***DIAPERS/INCONTINENCE SUPPLIES\* (only for ages 4 and older)***

*If you do not have a Verification of Need form on file, you must complete the Verification of Need form before we can issue vouchers.*

<u>Provider(s)</u>	<u># of Vouchers Needed</u>	<u>Amount \$ needed per voucher</u>
_____	_____	_____

\*If available through Medicaid or Health Insurance, you must utilize insurance first. Please indicate why insurance is not being used.

I checked, and my insurance does not cover.

I have already exhausted coverages.

***Nutritional/Meal Replacement Shakes\****

*If you do not have a Verification of Need form on file, you must complete the Verification of Need form before we can issue vouchers.*

<u>Provider(s)</u>	<u># of Vouchers Needed</u>	<u>Amount \$ needed per voucher</u>
_____	_____	_____

\*If available through Medicaid or Health Insurance, you must utilize insurance first. Please indicate why insurance is not being used.

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