

Southwestern Ohio Council of Governments (SWOCOG)
412 S. East St.
Lebanon, OH 45036
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REQUEST FOR VOUCHERS FORM

******JANUARY 1ST – DECEMBER 31ST 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.
 I checked, and my insurance does not cover. I have already exhausted coverages.