

**SOUTHWESTERN OHIO COUNCIL OF GOVERNMENTS (SWOCOG)**

**Family Support Services Program - MCBDDS**

**412 S. East Street**

**Lebanon, OH 45086**

**Phone (513) 559-6800 Toll free (877) 423-6900 Fax (855) 763-3050**

**Sandy.Schutte@swocog.org**

**2026-REQUEST FOR VOUCHERS FORM**

**\*\*\*VOUCHERS MUST BE REQUESTED BEFORE SERVICE BEGINS\*\*\***

**Email, fax, or mail back to the office once completed**

Name of individual enrolled \_\_\_\_\_

Requesting Family Member: \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

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

City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please indicate if you would like to have this request handled as a reimbursement Yes        No         
(W9 form must be on file for the parent/guardian for family reimbursement)**

**RESPITE CARE/ACTIVITIES (Maximum available per individual enrolled is \$500.00 for the year)  
(A completed provider application, W9 form-if paying the provider directly, & family waiver must be on file)**

Provider/Vendor's Name

Number of vouchers needed

Amount \$ needed per voucher

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CAMPS (Maximum available per individual enrolled is \$500.00 for the year)**

Name of camp

Dates of camp

Cost of camp

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_