

SOUTHWESTERN OHIO COUNCIL OF GOVERNMENTS (SWOCOG)

Family Support Services Program - MCBDDS

412 S. East Street

Lebanon, OH 45036

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)

<u>Provider/Vendor's Name</u>	<u>Number of vouchers needed</u>	<u>Amount \$ needed per voucher</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

<u>Name of camp</u>	<u>Dates of camp</u>	<u>Cost of camp</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____