

WARREN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

FAMILY SUPPORT

410 S. EAST STREET

LEBANON, OHIO 45036

Phone 513-228-6432

Email: familysupport@warrencountydd.org

Request for Additional Therapy, Disposable Items/

Supplemental Nutritional Items Vouchers

Need 7 to 10 days to process

THIS IS TO BE FILLED OUT ONLY IF A VERIFICATION OF NEED FORM FOR THIS SERVICE IS ALREADY ON FILE.

ONCE REQUEST IS APPROVED YOU WILL RECEIVE A VOUCHER EITHER MY MAIL OR EMAIL. NO EXPENSE WILL BE HONORED WITHOUT PRIOR APPROVAL.

SERVICES REQUESTED BY: _____

INDIVIDUAL ENROLLED: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #: _____

EMAIL: _____

REQUESTED SERVICE: _____

If this is for Respite or Camp please fill out a Respite or Camp Request

Total number of vouchers _____ Weekly or Monthly cost
per voucher _____

Date range needed: _____

This amount may not be approved depending on available funds or cap limits

Payment to: _____

If we are paying you a completed W9 form must be on file