

WARREN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

FAMILY SUPPORT

410 S. East Street
Lebanon, Ohio 45036
Phone: 513-228-6432

Email: familysupport@warrencountydd.org

FAMILY SUPPORT REQUEST FOR SERVICES FORM

Once a request is approved, a voucher will be sent to you

No expense will be honored without prior approval

INDIVIDUAL ENROLLED: _____

PARENT/GUARDIAN: _____

EMAIL: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

WHO IS TO BE PAID: _____

(If you are requesting a reimbursement, a completed W9 form must be on file)

SIGNATURE: _____ DATE: _____

☐ DISPOSABLE ITEMS(3 YEARS OR OLDER FOR DIAPERS)/SUPPLEMENTAL NUTRITIONAL ITEMS:

(Please provide a letter of need (page 4) from the professional recommending these items. This must indicate how the requested item(s) will benefit the individual due to disability related needs)

ITEMS(S) NEEDED:

COST PER MONTH: _____

☐ HOME MODIFICATION MINOR (ATTACH CONTRACTORS BID FOR SERVICES):

(Please provide a letter of need (page 4 of this form) from the professional recommending the modification. This must indicate how the requested item(s) will benefit the individual due to disability related needs)

MODIFICATION NEED REQUESTED:

Currently: Own your home ☐ Renting ☐ In the process of buying ☐

☐ **THERAPY:**

TYPE OF THERAPY/THERAPIES:

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COST PER MONTH: _____ (no letter required)

☐ **ADAPTIVE EQUIPMENT:** For all items requested, please include vendor name, item number, item name and cost of items. Please complete page 3 for requested items. (Limited to 10 items per month and limit two items for the same purpose/need.)

(Please provide a letter of need (page 4 of this form) from the professional recommending these items. This must indicate how the requested item(s) will benefit the individual due to disability related needs)

IF YOU HAVE ADDITIONAL NEEDS THAT ARE NOT DEFINED, PLEASE CONTACT: KATRINA STEELE AT:
513-228-6432 OR VIA EMAIL: KATRINA.STEELE@WARRENCOUNTYDD.ORG

Letter of need to benefit individual/family related to current needs: (this box will expand):

Signature: _____

Date: _____