

WARREN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES FAMILY SUPPORT  
410 S. EAST STREET  
LEBANON, OHIO 45036

Email: [familysupport@warrencountydd.org](mailto:familysupport@warrencountydd.org)

**RESPIRE OR CHILDCARE/AGENCY REQUEST**

PLEASE SUBMIT YOUR REQUEST 15 DAYS PRIOR TO WHEN YOU WOULD LIKE THE SERVICES TO BEGIN  
TO GIVE TIME TO REVIEW (This is not an approval)

ONCE A REQUEST IS APPROVED, YOU WILL RECEIVE VOUCHERS

**IF WE ARE REIMBURSING YOU, WE NEED A COMPLETED W-9 ON FILE**

PARENT/GUARDIAN: \_\_\_\_\_

INDIVIDUAL ENROLLED: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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**CHILDCARE/AGENCY ONLY**

CHILDCARE/AGENCY NAME: \_\_\_\_\_

TOTAL NUMBER OF VOUCHERS: \_\_\_\_\_ MONTHLY COST PER VOUCHER: \_\_\_\_\_

DATE RANGE NEEDED: \_\_\_\_\_

PAYMENT TO: \_\_\_\_\_

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**RESPIRE ONLY (WILL NEED A COMPLETED PROVIDER APPLICATION ON FILE)**

RESPIRE PROVIDER NAME: \_\_\_\_\_

TOTAL NUMBER OF VOUCHERS: \_\_\_\_\_ MONTHLY COST PER VOUCHER: \_\_\_\_\_

DATE RANGE NEEDED: \_\_\_\_\_

**FAMILY RESPIRE:**

**INDEPENDENT PROVIDER:**

**NOTE: 10-24 HOURS EQUALS ONE DAY. WE PAY A MAXIMUM OF 10 HOURS A DAY**

**FAMILY CHOSEN PROVIDER-\$11.00 PER HOUR \$110.00 MAX PER DAY/\$12.00 PER HOUR FOR MORE  
THAN ONE CHILD MAX PER DAY \$120.00**

**INDEPENDENT PROVIDER- \$22.00 PER HOUR \$220.00 MAX PER DAY**

**CHILDCARE AGENCY-\$25.00 PER HOUR \$250.00 MAX PER DAY**