

WARREN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
FAMILY SUPPORT
410 S. East Street
Lebanon, Ohio 45036
Phone: 513-228-6432

Email: Katrina.Steele@warrencountydd.org

REQUEST FOR SERVICES

****** ONCE REQUEST IS APPROVED YOU WILL RECEIVE A VOUCHER. NO EXPENSE WILL BE HONORED WITHOUT PRIOR APPROVAL. ******

Individual Enrolled: _____

Parent/Guardian: _____

Email: _____

Address: _____ Phone: _____

City, State, Zip: _____

Who to be paid _____

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

Signature: _____ Date: _____

[] **Adaptive Equipment**

Adaptive Equipment Requested (Please list item number (if any) and name of item. If multiple items are needed please type up on a separate sheet and attach with item number, name of item and cost for each.)

Total cost of item(s) - (please include tax and shipping cost if any) _____

Family Services must be payor of last resort, please list other places you have sought funding for adaptive equipment: _____

Disposable Items / Special Dietary Needs
(3 years or older for diapers)

Cost per month: _____

Therapy

Cost per month: _____

Attach copy of denial from insurance company or terms of insurance coverage

Home Modification (Minor)

Modification need requested: _____

Do you: own your home? rent? in the process of buying?

Attach Contractor's bid for services (2 bids are required)

Family Services must be payor of last resort, please list other places you have sought funding for home modifications: _____

This section to be completed by the professional recommending the service/item requested. The professional completing this section can be the doctor, therapist, teacher, case manager, or County Board of DD Services professional, working with the person enrolled. If you enclose a separate letter of need from the professional, we do not need this section completed.

Professional's name: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Signature: _____ Date: _____

Statement of why service/item is needed and how it relates to the person's disability needs to be defined on next page of this form or you may enclose a separate letter and attach.

