

WARREN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
FAMILY SUPPORT
410 S. EAST STREET
LEBANON, OHIO 45036
Phone 513-228-6432
Email: Katrina.Steele@warrencountydd.org

RESPIRE OR DAYCARE/AGENCY REQUEST

ONCE REQUEST IS APPROVED YOU WILL RECEIVE A RESPIRE OR DAYCARE/AGENCY VOUCHER(S) MY MAIL. A voucher must be requested 10 days PRIOR TO receiving respite services.

SERVICES REQUESTED BY: _____

INDIVIDUAL ENROLLED: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

IF NEW MAILING ADDRESS PLEASE CHECK THIS BOX []

PHONE NUMBER _____

EMAIL: _____

DAYCARE / AGENCY ONLY

Daycare / Agency Name: _____

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

Date range needed: _____

WHO IS TO BE PAID _____

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

RESPIRE ONLY (A completed provider application must be on file)

Respite Provider Name: _____

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

Date range needed: _____

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