



# Family Support Services Application

Families must complete a new application each year before any quarterly approvals are considered or awarded. The Family Support Services Program runs from January through December.

Child/Individual Name: \_\_\_\_\_

Street Address (City, State, Zip): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**If there is more than one child in the family with a disability and determined eligible, please list all names and birth dates in field(s) provided above.**

Parent/Guardian Name: \_\_\_\_\_

Street Address (City, State, Zip): \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Please check if you prefer text communication

E-Mail: \_\_\_\_\_

Please check if you prefer email communication

Please answer the following:

YES NO Is your child (including adult child) currently eligible and receiving services from Sandusky County Board of Developmental Disabilities? This includes Early Intervention Services.

YES NO Are you a resident of Sandusky County?

YES NO Does your child reside full-time in your (family's) home?

Please check the services you believe will be requested throughout the year:

Respite

Counseling, training, and education for family members

Adaptive equipment/home modifications as prescribed by Medical Professional

Special Diet Items Prescribed by Doctor

Other (Medical mileage, incontinence supplies, therapeutic activities for social and physical development, and items for the health and safety; related to the child/individual's disability)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Social Security

Birth Certificate

Medicaid (if applicable)