

DARKE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
4932 Children's Home Road, Greenville, OH 45331

FAMILY SUPPORT SERVICES REQUEST

Date of Request: _____ **CONTRACT#:** _____

OTHER RESOURCES CONSIDERED: _____

Check all that apply

Service: _____ Respite _____ Counseling _____ Training/Skill Development
_____ Education _____ Special Diet _____ Special Equipment
_____ Home Modifications _____ Other (Explain: _____)

Request is an Emergency: _____ No _____ Yes (Explain: _____)

Name of Family Member: _____

Individual requesting service: _____

Date(s) Service is Needed: _____

Amount Requested/needed: _____ One time _____ On-going _____

SIGNATURE: _____ DATE: _____
Person Requesting Service

DARKE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES APPROVAL:

SIGNATURE OF REVIEWER: _____ DATE: _____
Community Services Director

Business Office Use Only: Approved: _____ Disapproved: _____

If denied, reason for denial: _____

SIGNATURE OF REVIEWER: _____ DATE: _____
Business Manager

Date of Approval Letter: _____ (Completed by Coordinator)
(Copy to SSA)