

WILLIAMS COUNTY BOARD OF DD
FAMILY SUPPORT SERVICES FUNDING REQUEST
For the Year July 1, 2021 --- June 30, 2022

Name of Applicant: _____ Phone Number: _____

Name of Person Receiving Support from WCBDD: _____

Email address to send notifications of approval/denial: _____

Mark the good or service requested (**must be submitted and approved prior to purchase or service being rendered**):

- A. Adaptive equipment B. Diet C. Direct Services D. Home/Vehicle modification
E. Other

A-E: Describe the type of service or indicate how this will assist you with the care of the above named individual:

Attach any documentation which you may have (doctor's report, prescriptions, cost estimates, etc)

- F. **Counseling**-Explain who you wish to see and why. Attach any helpful documentation for request. **OR**
 Education or Training-Attach registration requests, copy of course description, cost estimates, etc

G. **Respite**

Beginning date and time for respite: _____ Date: _____ Time: am pm

End date and time for respite: _____ Date: _____ Time: am pm

I have requested _____ to provide respite services

*Please have request to Williams County Board of DD **one** week to prior to requested date of service. Unless it is an emergency, if the request is not in prior to the requested date of service **it will not be approved, and you will be responsible for the service.***

List other sources of funding/other organizations that have been contacted to provide funding. (Insurance, Medicaid, BVR, etc)

Signature of Applicant: _____ Date: _____

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ELIGIBILITY Verified/Current SFY FSS Packet sent to Applicant:  Yes  No

Approved:  OR Denied:  Reason for Denial \_\_\_\_\_

FSS Coordinator Signature: \_\_\_\_\_ Approval/Denial Date \_\_\_\_\_

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REQUEST ongoing for FY similar to previously approved new

requires FSS Committee review/approval

Item to be ordered by NOWAC **or** issue payment/reimbursement when necessary documentation is received

Payment Issued To: _____

Total Amount Requested: _____ Payment Approved: _____

Additional Notes: _____

FSS Coordinator Signature: _____ Date: _____