

SOUTHWESTERN OHIO COUNCIL OF GOVERNMENTS (SWOCOG)

Family Support Services Program - GCBDDS

412 S. East Street

Lebanon, OH 45036

Phone (513) 559-6800 Toll free (877) 423-6900 Fax (855) 763-3050

Sandy.Schutte@swocog.org

VERIFICATION OF NEED FORM

Adaptive Equipment; Adaptive Switch Toys; iPads; Home Modifications; Special diets/supplements; Therapy; Counseling, Training and Education

Name of person enrolled _____ Date _____

Requesting Family Member: _____ Phone _____

Address: _____

City: _____ Zip Code: _____

Email: _____

Please indicate if you would like to have this request handled as a reimbursement Yes _____ No _____

Requesting Family Member Signature _____ Date _____

<p>***Printed Quotes must be attached from the provider and/or vendor for adaptive equipment, adaptive switch toys, home modifications, and *iPads. The quote must list the name and address of the provider/vendor, the item, service, or modification needed and the total cost including shipping etc.</p> <p>***A Doctor or Therapist recommendation/letter of justification must be attached for adaptive equipment, adaptive switch toys, *iPads, home modifications, special diets/supplements, therapy, counseling, training and education.</p>

***Hand held devices such as iPads may be considered for individuals if it is required for communication purposes.**

The mission of the Southwestern Ohio Council of Governments is to provide support and solutions to county boards of developmental disabilities through cost-effective shared services that deliver value, satisfaction, and maximization of resources.