

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; 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 _____

*****Printed Quotes must be attached from the provider/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.**

*****A Doctor or Therapist letter of justification must be attached for adaptive equipment, adaptive switch toys, *iPads, home modifications, special diets, therapy, counseling, training and education. The letter must provide evidence that the requested equipment, modification, or service provides therapeutic value associated with an individual's developmental disability.**

Hand held devices such as iPads may be considered for individuals if it is required for communication purposes. Please reference guidelines for funding requests.