245 N. Valley Road Xenia, OH 45385

(937) 562-6500 (937) 562-6539 Fax www.greenedd.org



Community Services Division
Behavior Support Services
Family Support Services
Investigative Services
Medicaid Programs
Public Education
Service Coordination
Special Olympics/Recreation

Community Services Director J.A. LaRock

The information you need to submit when requesting adaptive equipment through the Family Support Services Program is as follows:

- 1. A prescription or statement from a Physician/therapist/Professional recommending the equipment or request must be attached.
- 2. Two proposals for the equipment should be attached indicating the approximate cost of the item from each company.
- 3. The Family Support Services Program is considered a last dollar resource program. This means when requesting equipment, it will be necessary for you to contact other agencies for funding sources such as the following: your insurance company, Bureau of Medically Handicapped Children, or Medicaid. If the item requested is not covered under these sources, you must submit a denial letter with your request. FSSP will assist with co-payments.

Upon submission of the completed request, it will be reviewed and you will be notified as to the determination of funding. After notification of approval from our office, arrangements can be made for ordering the item.

If you have any questions regarding the criteria for your request, please feel free to contact me at (937) 562-6500 ext. 6510.

Sincerely,

Devlynn Tanner Family Support Services Coordinator

GREENE COUNTY BOARD OF DD FAMILY SUPPORT SERVICES PROGRAM

FSSP REQUEST FORM

RETURN FORM TO: Greene County Board of DD Attn: Devlynn Tanner 245 North Valley Road Xenia. Ohio 45385

Date:			Aciiia, Oiiio 43303		
					Name of Client:
Parent/Guardian:					
Address:					
	(Street)	(City)	(State)	(Zip Code)	
Telephone Number:					
Social Security #:			Medicaid #:		
Sex: Male	Female				
Physician's Name: _		Telephone #:			
Address:					
	(Street)	(City)	(State)	(Zip Code)	
Nature of Request:	Adaptiv	e Equipment	Special Diet		
	Home N	Modifications	cations Education/Counseling/Training		
	Other:				
funding such as thos	se listed below.	nust first make your r When one of these s the denial of funding	sources does not pro	-	
Private Insura	ance	Easter Seals	Oth	er (Please Specify	
Medicaid		United Cerebral Pals			
Medicare		Bureau of Services			
		Medically Handicapp	ed		
		Medically Handicapp			
ACTION TAKEN:	Approved	Disapproved	l:		