

FAMILY SUPPORT SERVICES
Service Request Form

Request for (Name): _____ Date: _____

Name of Parent/Guardian: _____

Address: _____ Phone: _____

Type of service requested: _____ Email Address: _____

_____ Respite Care Services

_____ In-Home How Many: _____ Hours, or _____ Days, _____ Weeks

_____ Out-of-Home

_____ Counseling, Training, or Education Services

_____ Special Diet

_____ Special Equipment, Adaptive Equipment Other: _____

Identify Equipment Needed: _____

_____ Home Modification Needed

Briefly state why above service is needed: _____

When is the family requesting the service: _____

Approximate cost of request: _____

I have exhausted all other sources of funding for the above requested service.

Parent/Guardian Signature _____ Date: _____

*Return the form to the Family Support Services Coordinator
for Board approval of the request service.*

Upon approval of request, the family is responsible for ordering the approved item. Upon receipt of the item or service, the original receipt must be returned to the Family Support Services Coordinator for reimbursement, unless an extension is authorized by the superintendent. This approval is **VOID** if the original receipt is not submitted within **30 days of approval date or is shown to be in process.**

(FOR OFFICE USE ONLY)

Requested Service _____ Approved _____ Disapproved _____ Date _____

_____ Respite Care

_____ In-Home _____ Hour _____ Day _____ Week

_____ Out-of-Home

_____ Counseling, Training, Educational

_____ Special Diet

_____ Special Equipment, Adaptive Equipment

_____ Home Modification

_____ Other

Reason for denial of service: _____

Amount approved requested service. (Maximum dollars or maximum of hours allocated.)

Provider Rate \$ _____ per hour Total Cost of Request \$ _____

x _____ per week Family Share = _____ % \$ _____

= _____ per week Board Share = _____ % \$ _____

Family Support Services Coordinator

Date

Superintendent

Date

INCOME VERIFICATION

*I hereby certify that the taxable income of the person(s) claiming _____
as a dependent for _____ was \$ _____ (this includes CHILD
SUPPORT payments).

I also hereby certify that I understand that eligibility in the Family Support
Services Program does not necessarily qualify me or my dependent to receive
any other services from the Defiance County Board of Developmental
Disabilities. I further understand that it is my responsibility to report any income
changes immediately to the Family Support Services Coordinator.

Signature: _____ Date: _____

Client Name: _____

Parent/Guardian Social Security Number: _____ / _____ / _____

**In determining the reimbursement (the taxable income, after applicable
deductions, for the prior year of the person(s) with whom the individual with
substantial developmental disability resides and who assumes responsibility for
the support needed to keep the individual in the home) shall be considered to be
available to the individual.*

DEFIANCE COUNTY BOARD OF DD ANNUAL NOTIFICATION (Page two of four)

NOTICE OF HIPAA PRIVACY PRACTICES (Effective April 14, 2003)

This notice describes how personal information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

OUR ORGANIZATION

This notice describes the privacy practices of the Defiance County Board of DD (the DD Board). This notice also describes the privacy practices of persons or entities which have signed a contract with the DD Board and which are acting as business associates, and have promised to follow the same rules of confidentiality.

PRIVACY PROMISE

The DD Board understands that your personal information needs to be kept private. Protecting your personal information is important. We follow strict federal and state laws that require us to keep your personal information confidential.

HOW WE USE YOUR PERSONAL INFORMATION

When you receive services from the DD Board, we may use your personal information for such activities as providing you with services, billing for services, and conducting normal board business regarding health care operations.

If you have chosen a personal representative and have agreed to let your personal representative obtain your personal information, we will provide the information to your personal representative. If you have a guardian we will provide the information to your guardian.

Examples of how we use your information include:

Treatment - We keep records of the care and services provided to you within the DD Board. For example, your service and support specialist keeps notes on all contacts made in coordinating and arranging for services. If you see a nurse working for the DD Board, the nurse will keep records of any care you receive. DD Board staff may share your personal information while helping to develop your service plan.

If DD Board staff wants to share your personal information with anyone who is not employed by the DD Board, you must first give them written permission.

Some personal records, including confidential communications with a mental health professional and substance abuse records, may have additional restrictions for use and disclosure under state and federal law.

Payment - We keep records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment for your services from Medicaid, insurance or other sources. For example, we may disclose personal information about the services provided to you to confirm your eligibility for Medicaid and to obtain payment from Medicaid. The DD Board may use your personal information to determine the amount and type of Medicaid services you need and send this information to the proper state department.

Health Care Operations - We use personal information to improve the quality of care, train staff, manage costs, conduct required business duties, and make plans to better serve you and other individuals enrolled in the DD Board. For example, we may use your personal information to evaluate the quality of treatment and services provided by our service staff.

OTHER SERVICES WE PROVIDE

We may also use your personal information to: Determine whether you are eligible for services from the DD Board; Recommend to you service alternatives and other possible benefits; Tell you about other service providers who may be able to help you; Remind you of an appointment unless you tell the DD Board staff that you do not wish to be reminded; Allow the DD Board to review direct service contracts; Allow local, state, federal agencies to monitor your services; Investigate incidents affecting health and safety, to report these kind of incidents and to take steps to protect your health and safety;

Allow the DD Board to prepare reports required by the Ohio Department of Developmental Disabilities and the Ohio Department of Job and Family Services; Contact you for assistance in passing levies, unless you notify the DD Board that you do not wish to be contacted for these purposes.

MORE INFORMATION

For more information about the practices and rights described in this notice contact the DD Board at the phone number and address listed in this brochure.

SHARING YOUR PERSONAL INFORMATION

There are limited situations when we are permitted or required to disclose personal information without your signed authorization. These situations are:

To protect victims of abuse, neglect, or domestic violence; To reduce or prevent a serious threat to public health and safety; For health oversight activities such as investigations, audits, and inspections; For lawsuits and similar proceedings; For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths, and reporting reactions to drugs and problems with medical devices;

When required by law; When requested by law enforcement as required by law or court order; To coroners, medical examiners, and funeral directors; For workers' compensation or other similar programs if you are injured at work and are covered by workers' compensation or other similar programs; For specialized government functions such as intelligence and national security; All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

OUR RESPONSIBILITIES

The DD Board is required by law to: Maintain the privacy of your personal information; Provide this notice that describes the ways we may use and share your personal information; Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain.

You may request a copy of any notice from the DD Board Privacy Officer.

YOUR INDIVIDUAL RIGHTS

You have the right to:

- Request restrictions on how we use and share your personal information. We will consider all request for restrictions carefully but are not required to agree to any restriction.*; Request that we use a specific telephone number or address to communicate with you; Inspect and copy your personal information, including service, medical and billing records. Fees may apply.*; Request corrections or additions to your personal information. You must give the reasons for wanting the change.*; Request an accounting of certain disclosures of your personal information made by us. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.*; Request a paper copy of this notice even if you agree to receive it electronically.

Requests marked with a star (*) must be made in writing.

CONTACT US

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your personal information:

Contact the DD Board: Privacy Officer, Defiance County Board of DD, 195 Island Park Avenue, Defiance, OH 43512, 419-782-6621

We will investigate all complaints and will not retaliate against you for filing a complaint. You also may file a written complaint with either

The Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C., 20201 or call 1-877-696-6775

Or The Office for Civil Rights, U.S. Department of Health and Human Services at 200 Independence Avenue SW, Room 509F, HHH Building, Washington D.C., 20201 or call OCR's hotline - voice at 1-800-368-1019, or e-mail at ocrmail@hhs.gov.

I acknowledge receipt of a copy of the Defiance County Board of DD Annual Notification.

Individual/Guardian

Date

INVESTIGATION OF MAJOR UNUSUAL INCIDENTS

Recent legislation has placed much greater responsibility on county boards of DD in the area of investigating major unusual incidents. In simplified terms, a major unusual incident may include alleged abuse, neglect, misappropriation, exploitation, death, failure to report, prohibited sexual relations, peer-to-peer, attempted suicide, missing individual, injury, medical emergency, unscheduled hospitalization, unapproved behavior support, rights code violation, or incident involving law enforcement. In some instances, it may seem as though we are prying into a private matter. Please be assured that the person conducting the investigation will be as sensitive as possible to the situation while at the same time complying with the rules we must follow. For more information regarding investigation of major unusual incidents, please contact the county board case manager at 419-782-0635. Although major unusual incidents should normally be reported to the county board within 24 hours or the following working day, it is understandable that at times a family may feel it is a conflict or that potentially the county board is involved in the allegation. If such a situation should arise; a family may call the Ohio Department of Developmental Disabilities (ODDD) toll free hotline 1-866-313-6733 to report the alleged major unusual incident.

ADMINISTRATIVE RESOLUTION OF COMPLAINTS/MEDICAID APPEAL RIGHTS

Any person or legally appointed guardian may, upon request, receive the county board policy for Administrative Resolution of complaints. If Medicaid services are approved, denied, reduced or terminated, you have additional hearing rights through Job & Family Services. A copy of the explanation of state hearing procedures is available upon request. A representative of the board is available to assist with the administrative resolution of complaints and state hearing rights procedures.

CONFIDENTIALITY

A breach in confidentiality occurs: when enrollee information is passed along to a second individual without the enrollee's or guardian's knowledge, when information can be used against the enrollee's welfare or services, when information draws undue attention to the disability, rather than normalization capabilities. An individual receiving services, or legal representative when there is a court appointed guardian has the right to inspect and review any agency record related to enrollment and services. A copy of county board's policy is available upon request.

RIGHTS OF PERSONS WITH DD (Ohio Revised Code Section 5123.62)

- Be treated nicely at all times and as a person
- Have a clean safe place to live in and a place to be alone
- Have food that is good for you
- Be able to go, if you want, to any church, temple, mosque
- Be able to go to a doctor or dentist when you are sick
- Be able to have people help you with the way you walk, talk, do things with your hands, act or feel, if you need it
- Be able to have people help and teach you, if you want
- Be able to have time and a place to go to be by yourself
- Be able to call, write letters or talk to anyone you want about anything you want
- Be able to have your own things and be able to use them
- Be able to have men and women as friends
- Be able to join in activities and do things that will help you grow to be the best person you can be
- Be able to work and make money
- Be treated like everyone else
- Not be hit, yelled at, cursed at, or called names that hurt you
- Be able to learn new things, make friends, have activities to do, and go out in your community
- Be able to tell people what you want and be part of making plans or decisions about your life
- Be able to ask someone you want to help you, let others know how you feel or what you want
- Be able to use your money to pay for things you need and want with help, if you need it
- Be able to say yes or no before people talk about what you do at work or home or look at your file
- Be able to complain or ask for changes if you don't like something without being afraid of getting in trouble
- Not be given medicine that you don't need or held down if you are not hurting yourself or others
- To vote and learn about laws and your community
- To say yes or no to being part of a study or experiment.

FSS Local Resource Options (contact 2 or more other organizations for assistance)

Private Insurance _____	BCMH 419-784-3818 _____
Medicaid Insurance _____	Dash 419-782-9346 _____
Defiance Health Dept. 419-784-3818 _____	WIC 419-782-7770 _____
Ability Center 419-782-5441 _____	Defiance Co. Job & Family 419-782-3881 _____
Salvation Army 419- 782-1028 _____	Ravens (Life Skill, Emergency Medicine) _____ 419-782-7141
Lion's Club Defiance 419-784-3818 _____	Lion's Club Sherwood 419-899-2735 _____
NW Ohio Community Action 419-784-2150 _____	Family & Children First Council 419-782-6934 _____
Sight Conservation Center _____ 1-800-624-8378	Maumee Valley Guidance Center _____ 419-782-8856
Four County Family Center _____ 1-800-693-6000 or 419-335-3732	Path Center 419-782-6962 _____
NW Ohio Dental Clinic 419-591-3060 _____	Hearing Aid Center 419-782-0836 _____
Kaitlyn's Cottage (Respite) 419-783-4411 _____	YMCA 419- 784-4747 _____
Smile Express 1-866-378-6965 _____	Catholic Charities 419- 782-4933 _____
Cerebral Palsy/ Elk Lodge # 147 _____ 782-5126	Waiver Benefits, SSA Supervisor, Nancy Mack 419-782-0 635 _____
Maumee Valley Planning 419-784-3882 _____	St. Mary's 419-782-2776 _____
Veteran's Affairs 419-782-6861 _____	Sertoma (Hearing Aids) 419-782-7166 _____
Furniture Bank 782-5441 _____	Kidney Foundation 419-784-3257 _____
Community Pregnancy Center _____ 1-800-633-3339	Parent Project (Amanda Beck) 419-388-5509 www.parentproject.com _____

Please sign acknowledging that you have exhausted all other sources of funding for requested items.

Signature _____

Date _____