



Date: _____

Birthdate: _____ / _____ / _____
Month Day Year

Request for (Name): _____

Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Email: _____ Telephone: _____

Type of Service Requested

- Respite Care Services
 - In-Home How Many: _____ Hours, _____ Days, or _____ Weeks
 - Out-of-Home
- Counseling, Training, or Education Services
- Special Diet
- Special Equipment or Adaptive Equipment
 - Identify Equipment Needed: _____
- Home Modification Needed
- Other: _____

Briefly State Why the Above Service is Needed: _____

When is the Family Requesting the Service: Date: _____ -or- As Soon As Possible

Approximate Cost of Request: _____

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

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____

Return the completed form to the Family Support Services Coordinator for Board approval of the requested 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 turned in 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 the approval date or is shown to be in process.**



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.

Parent/Guardian 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.

Notice of Privacy Practices

PRIVACY PROMISE

The Defiance 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 us, we may use your personal information for such activities as providing you with services, billing for services, and conducting normal Board business that falls in the category of 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 by the Defiance DD Board or its contract agencies. For example, your Service and Support Administrator keeps notes on all contacts made in coordinating and arranging for services. If you see a nurse working for the Defiance DD Board, the nurse will keep records of any care you receive. Defiance DD Board staff may share your personal information with other members of your planning team while helping to develop your service plan. If we want to share your personal information with anyone who is not employed by the Defiance DD Board or part of your planning team, we must first get your 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 such 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 Defiance 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 Defiance DD Board. For example, we may use your personal information to evaluate the quality of treatment and services provided by our service staff.

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 and 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 services. A copy of county board's policy is available upon request.

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

Parent/Guardian Signature: _____ Date: _____



- Private Insurance: _____
- Medicaid Insurance: _____
- Defiance County Health Department
(419) 784-3818: _____
- Ability Center (419) 782-5441:

- Salvation Army (419) 782-1028:

- Lily Creek Farms (Equestrian Therapy)
(419) 785-6763: _____
- Lion's Club of Defiance (491) 784-3818:

- Northwest Ohio Community Action Commission
(Winter Crisis Program Until March)
(419) 784-2150: _____
- Parent Project (419) 388-5509:

- Sight Conservation Center 1(800) 624-8378:

- Four County Family Center (419) 335-3732:

- Northwest Ohio Dental Clinic (419) 591-3060:

- Kaitlyn's Cottage (Respite Care) (419) 783-4411:

- Smile Express 1(866) 378-6965:

- Elks Lodge #147 (Cerebral Palsy) (419) 782-5126:

- Maumee Valley Planning (419) 784-3882:

- Veteran's Affairs (419) 782-8681:

- Kidney Foundation (Promise Program)
(419) 784-3257: _____
- Community Pregnancy Center 1(800) 633-3339:

- BCMH (419) 784-3818: _____
- D.A.S.H (419) 782-9346: _____
- WIC (419) 782-7770: _____
- NOCAC (Flexride) (419) 784-5136:

- Path Center (419) 782-6962:

- St. Paul United Methodist Church (Food Pantry)
(419) 782-3751: _____
- Lion's Club of Sherwood (419) 899-2735:

- Family & Children First Council (419) 782-6934:

- Defiance County Job and Family Services (Medical
Transportation) (419) 782-3881:

- Maumee Valley Guidance Center (419) 782-8856:

- Ravens Care (Life Skills, Emergency Medicine)
(419) 782-7141: _____
- Hearing Aid Center (419) 782-0836:

- YMCA (419) 784-4747: _____
- Catholic Charities (419) 782-4933:

- Wavier Benefits, SSA Supervisor, Pat Uhlenhake
(419) 782-6621: _____
- St. Mary's (419) 782- 2776:

- Sertoma (Hearing Aids) (419) 782-7166:

- Furniture Bank (419) 782-5441:

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

Parent/Guardian Signature: _____

Date: _____