

Dear Parent/Guardians:

We'd like to welcome you to the 2017 Family Support Services Program (FSS). The program is designed to provide reimbursement in a variety of areas that relate to the needs of individuals with a developmental disability living with their family.

The 2017 allocation for families is as follows:

Family with 1 eligible member up to \$600

Families with 2 or more eligible members up to \$800

Individuals served through Ohio Home Care Waiver or Transition

Disability Waiver is \$200 (for structured recreation programs operated by an organization)

The amount families are allotted is **dependent upon when all required paperwork is received.**

It must be noted that Family Support is NOT an entitlement program. Funds are based on availability!

Enclosed is your 2017 F.S.S. application. Please complete and return along with a **NEW verification of income**. Be sure to **mail back** all original forms for we are **no longer** able to accept scanned or emailed copies of these forms. All forms need to be returned before any 2017 funds can be released.

**Please note the deadline to submit 2017 invoice/ reimbursement invoices will be December 8th, 2017.
Please plan accordingly.**

On the back of this page is an overview of the areas that will be considered for reimbursement. We ask that you review these closely as there are changes in some categories.

Should you have any questions, please feel free to contact me at (419) 381-6139.

Sincerely,

Vicky Lambert
Enclosure

Requests **MUST** relate directly to an individual's disability which also requires a possible professional recommendation for reimbursement. **All requests must be submitted within 30 days of service/purchase.** Items must be reimbursed in the fiscal year in which they were purchased. The income level is based on your taxable income; this is your income minus your deductions when you file your Federal taxes. We also must ensure that each request meets the State guidelines of supporting the individual at home.

Based on Department of Developmental Disability Guidelines (on the part of the Lucas County Board of Developmental Disabilities), prior approval should be obtained to ensure that adequate funds are available. All requests will be considered, however, your request may not be approved.

If there is another source of income for your family member, i.e., an Individual Options Waiver (IO), Level One Waiver, or Individual Budget, they will not be eligible for the FSS Program.

PLEASE READ THE FOLLOWING CAREFULLY. THERE ARE SOME CHANGES.

COUNSELING, TRAINING, THERAPY, AND EDUCATION: For eligible individual, family members, and caregivers. Therapy, structured lessons (recommended by therapist), workshops, or seminars that are not covered by insurance.

SPECIAL DIETS: This includes supplements, vitamins, and prescriptions that are recommended by a Professional and prescribed in relation to the individual's disability. Special diets could include food required for a particular diagnosis in addition to formula for children over the age of one year.

RESPIRE CARE: This is designed to allow a short interval of relief for the caregiver. This is **NOT** regular individual (child/adult) care. The Family Selected Provider is limited to **10 hours per month per family**, up to \$10 per hour. The Provider cannot be a parent/guardian or someone acting in that role; or other individual (s) currently living in the home. **The family must contact FSS at (419)381-6139 to obtain prior approval for any request exceeding 10 hours per month.**

Another option is Community Facilities. **The family must contact FSS at (419) 381-6139 for approval no later than 2 weeks prior to respite use at a Community Facility.** Each Family Chosen Provider **MUST** sign a Family Selected Provider Responsibility Waiver.

ADAPTIVE EQUIPMENT: Items must relate directly to the individual's developmental disability (a professional recommendation is required). Therapy equipment, diapers (individuals over the age of 3) that are not covered by insurance, may be reimbursed based on the need of the individual.

HOME MODIFICATION: This includes changes that will improve and aid in accessibility for the individual. Examples: ramps or bathroom modifications. A minimum of 2 estimates are required for pre-approval. Before and after photos are required to verify completion of work.

DEVELOPMENTAL EQUIPMENT: Items **MUST** relate directly to the individual's developmental needs/goals. This category will include all items that are considered age appropriate for the individual. This requires a professional recommendation. This category has a maximum funding availability of \$250 per year.

OTHER: Medical expenses not covered by insurance and related to the individual's disability. Items not covered in one of the above categories are considered on an individual basis. The requested item/service must relate to the needs of the individual's disability.

Requests dated prior to receipt of the 2017 Income Eligibility form and proof of income, **will not** be granted. For your convenience, all forms can be found at www.lucasdd.info.