Lucas County Board of Developmental Disabilities

2020 Family Service and Support Application
Lucas County Family Support Services Program
Funded by Lucas County Board of Developmental Disabilities

Date _____ Consumer Name _____ Date of Birth _____

Parent/Guardian Name _____ Diagnosis _____

Phone _____ Address _____

Phone _____ City _____

Email _____ State _____ Zip _____

Other family members eligible? ☐ Yes ☐ No If yes, please include name, age, diagnosis:

_____

Type of Insurance - please select ☐ Private Insurance ☐ Medicaid ☐ Medicare

Funding Sources - please mark if consumer has:

☐ Level 1 Waiver ☐ Individual Options Waiver ☐ Other Financial Support through LCBDD

☐ Ohio Home Care Waiver

Name of School _____ **LCBDD Specialist (SASS, EIS)** _____

Therapy Services - please mark if consumer is receiving:

☐ Occupational Therapy (OT) ☐ Physical Therapy (PT) ☐ Speech Therapy (SP)

Therapist Name _____ Service Location _____

Please select below your **household taxable income** (your income minus deductions). If there is a change in the family income during the year, please contact Family Support to update your family contribution percent.

Family Taxable Income	Percentage of Family Contribution
☐ $0 to 27,258	0%
☐ $27,259 to $37,759	10%
☐ $37,760 to $48,260	30%
☐ $48,261 to $62,261	50%
☐ $62,262 to $79,762	75%
☐ $79,763 and Over	100%

Verification of Income

☐ In file

☐ LCBDD Staff _____ initials

Request a form emailed or mailed: ☐ Respite Form ☐ Receipt Form

All forms can be found at www.lucasdd.org (Look for Family Support Services Program within the Services & Supports tab)

I hereby certify that the information I have provided is true to the best of my knowledge. **I understand and acknowledge** that the total cost of services is reimbursed within the current funding limit and in accordance with the family's taxable income level and in accordance with the guidelines. The funds are not guaranteed and requests need to be **submitted within 30 days of service/ purchase**. All vouchers must be submitted and postmarked by November 13, 2020.

_____ _____
Parent/Guardian Signature Date

Mail to:
Family Support Services
c/o Lucas County Board of Developmental Disabilities
1932 Birchwood
Toledo OH 43614