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| **Logo  Description automatically generated**   Children and Family Services  11177 W. 8th Avenue Lakewood, CO 80215-5575 303.233.3363 Fax 303.462.6697 [www.ddrcco.com](http://www.ddrcco.com) | | |
| **FAMILY SUPPORT SERVICES REQUEST** | | |
| **Date of Request:** | | |
| **Eligible Individual (1) Information** | | |
| Name: | Date of Birth: | |
| Address: | County of Residence: | |
| Disability, Medical Conditions: | | |
| Other programs enrolled in: | | |
| **Eligible Individual (2) Information** (if applicable) | | |
| Name: | | Date of Birth: |
| Address: | | County of Residence: |
| Disability, Medical Conditions: | | |
| Other programs enrolled in: | | |
| **List all others with whom the individual resides:** | | |
| **Name** | **Relationship/and Age if under 18** | |
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| **Contact Information** | | |
| Primary Contact Name: | Primary Contact Phone: | |
| Primary Contact Email: | | |
| Additional Contact Name: | Additional Contact Phone: | |
| Additional Contact Email: | | |
| Primary Home Address: | | |
| Secondary Home Address (if applicable): | | |

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| **Name of Eligible Individual(s):** |
| **FSSP Services: Check the services you are requesting** (choose all that apply): |
| Assistive Technology: Equipment necessary for the individual with an IDD or developmental delay to communicate, move, manipulate their environment, or remain safe in the family home.  Environmental Engineering: Necessary home or vehicle modifications to increase accessibility, independence, or health and safety  Medical, Dental and Vision (must be prescribed by a licensed medical professional)  **CONTINUED** FSSP Services You are Requesting  Other  Consultant and/or advocate  Recreational Needs (limited to $650)  Specialized Services (Please provide details in box below)  Parent and Sibling Support: Resource materials, cost of care for siblings while addressing the disability needs of the eligible family member, conferences, training, counseling.  Professional Services: Therapy, counseling, nursing care, may include related support items or activities which are recommended as part of the therapy.  Respite: Temporary care of the family member with a disability to provide relief to the family  Transportation: Mileage and other costs related to accessing disability services (travel cost, lodging, food expense) |
| **Please describe your family’s needs and concerns and how services will be helpful. Include any known or estimated costs.** |
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