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| **Logo  Description automatically generated**  Children and Family Services11177 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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