

## *Application for Family Support Services Program 2022*

### Family Member with Disability

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
                    First                    Middle                    Last

**Waiver that Child/Adult is enrolled in: Program that Child/Adult is enrolled in:**

<input type="checkbox"/> Individual Options	<input type="checkbox"/> Early Intervention/Help Me Grow
<input type="checkbox"/> Level One	<input type="checkbox"/> School _____(Name of school)
<input type="checkbox"/> SELF	<input type="checkbox"/> Sheltered Workshop____(Name)
<input type="checkbox"/> Ohio Home Care	<input type="checkbox"/> Other_____(Ex. Training Prgm)
<input type="checkbox"/> TDD	
<input type="checkbox"/> None	

### Family Member Applying for Family Support Services

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
  Street                    City                    State                    Zip

Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

I certify that the above information is true.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date