



Family Directed Resources: Request for Service

Attach original copies of all supporting documentation.

Send all requests to **Ability Works**, 3920 Columbus Ave. Sandusky, Ohio
Attention: FDR Administrator email : fdr@ability-works.com

Date: _____ Amount Requested: _____

Eligible Individual: _____ Date of Birth: _____

Name of Parent: _____ Email Address: _____

Current Address: _____ City/State/Zip Code _____

Phone Number: _____ Is this an emergency*? _____
(defined as if not provided will lead to exploitation, abuse or neglect)

Please describe item/service requested. _____

How does this item / service support the unique needs related to the qualifying reasons? _____

Please make check / voucher payable to: _____

Please mail check/voucher to: _____ Call when ready for pick up: _____

If online order, send item to: _____ Ability Works _____ Family Address _____ Board Offices

Please check what category the need applies:

- Respite (include respite verification form)
- Adaptive Equipment, Item Modification (recommendation needed for most requests unless otherwise indicated)
- Developmental Items (\$300 annual max) recommendation required.
- Technology
- Home Modifications (requires three estimates)
- Special Diet (include nutrition supplement form)
- Education for Family
- Therapy and Training
- Travel

Requests will be honored if program funds are available, Requests are consistent with approved services.
Payments will be paid from the calendar year in which the services are rendered.

Family Signature: _____ Date: _____