

**STARK DD – FAMILY SUPPORT SERVICES (FSS) 2024-2025 APPLICATION**  
**PLEASE COMPLETE THIS FORM AND RETURN TO 2950 Whipple Ave. NW, Canton Ohio 44708**

FAMILY MEMBER WITH DISABILITY	FAMILY MEMBER APPLYING FOR FSS FUNDS																								
NAME (first, middle, last): _____ ADDRESS: _____ CITY / STATE / ZIP: _____ BIRTH DATE: _____ SOCIAL SECURITY# _____	NAME: _____ RELATIONSHIP TO INDIVIDUAL: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE #: _____ EMAIL: _____																								
<b>IS THE INDIVIDUAL ENROLLED ON ANY OF THE FOLLOWING? Please check Yes or No</b>																									
IO WAIVER: <input type="checkbox"/> YES <input type="checkbox"/> NO	TDD WAIVER: <input type="checkbox"/> YES <input type="checkbox"/> NO																								
LEVEL ONE WAIVER: <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME CARE: <input type="checkbox"/> YES <input type="checkbox"/> NO																								
SELF WAIVER: <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER: _____																								
<b>Please check yes or No</b>																									
IS THE INDIVIDUAL PLACED WITH YOU AS A FOSTER CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO																									
IS THE INDIVIDUAL ADOPTED? <input type="checkbox"/> YES <input type="checkbox"/> NO																									
DOES THE FAMILY RECEIVE AN ADOPTION SUBSIDY FOR THE APPLICABLE CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO																									
<b>CO-PAYMENT SCHEDULE – TAXABLE INCOME not Gross Income (Indicate the reported household income for 2023.</b>																									
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I certify the above information is true: _____/_____ APPLICANT SIGNATURE DATE																									
_____/_____ INDIVIDUAL SIGNATURE (if over 18 years-old) DATE																									
<b>DETERMINATION: FOR ADMINISTRATIVE USE ONLY.</b>																									
<input type="checkbox"/> APPLICATION APPROVED <input type="checkbox"/> APPLICATION DENIED	ALLOCATION AMOUNT APPROVED: _____ COUPON MAIL DATE: _____ FSS COORDINATOR INITIALS: _____																								

## Stark DD - Family Support Services (FSS) 2024-2025

### GUIDELINES

**ELIGIBILITY:** Individuals applying for FSS funds **must** be previously determined eligible for services from the Stark County Board of Developmental Disabilities (Stark DD). This eligibility is determined at age 3, 6 and 16. If you are unsure you are eligible for services from Stark DD Intake, please call 330-479-3582.

FSS funds are designated for individuals (children and adults) living at home with their families. The use of FSS funds are to be directly related to improving the living environment and/or facilitating the care of the individual. **Individuals residing in an ICF/DD home/ facility are not eligible for these funds. Further, individuals placed through foster care, adopted individuals (receiving an adoption subsidy) and those who are enrolled on a HCBS waiver or other similar funding source are not eligible.**

**ALLOCATION:** Stark DD's FSS Program operates on a fiscal year beginning on July 1<sup>st</sup> of each year. The maximum annual allocation per eligible individual may vary each year based on the expected number of applicants. The maximum annual allocation per eligible individual is pro-rated throughout the year based on application received date. The specific allocation per family is based on the family's reported taxable income from the prior year. See below:

DATE APPLICATION RECEIVED:	MAXIMUM ALLOCATION PER FISCAL YEAR
7/1/2024 – 9/30/2024	\$750
10/1/2024 – 12/31/2024	\$570
1/1/2025 - 3/31/2025	\$380
4/1/2025 - 6/30/2025	\$190

#### AVAILABLE SERVICES:

- 1.) Special Equipment / Modifications – Sensory items, therapy balls, communication devices, adaptive car seats and strollers, etc.
- 2.) The purchase of typical toys/items is not supported under this program (e.g. non-adapted strollers, car seats, puzzles, games, etc.)
- 3.) Special Dietary Items - Specialized formula, shakes, thickeners, etc., can be secured with FSS funds.
- 4.) Incontinence Supplies – Disposable diapers, wipes, pads, plastic sheets, etc.
- 5.) Recreation (Dance, Horseback Riding, Camps, Swim Lessons, Ice Skating, etc.)
- 6.) Counseling, Training & Education, Therapy Services
- 7.) Transportation (SARTA passes)-SARTA passes can be purchased with FSS funds.
- 8.) **Respite Care-** Families can choose DODD certified providers or someone of their choosing. It is not required that the selected provider has provider certification. This service can occur within or outside the family home. Excluded is anyone who shares a residence with the individual or a parent of the child. FSS Disclaimer Form is required to be completed, and submitted to FSS department prior to respite being provided. Private Respite Billing Form is then mailed to family after disclaimer form is reviewed/ approved.

**PAYMENT FOR SERVICES:** Once approved for FSS funds, families will receive an allocation of coupons in increments of \$10. In most cases, the family selects the service from a vendor who accepts the coupons as payment. Coupons are provided in exchange for service. The vendor then sends the coupons to the North East Ohio Network where payment then occurs. Additionally, families can incur the expense and submit coupons and valid receipt to North East Ohio Network.