



**STARK COUNTY BOARD OF DEVELOPMENTAL DISABILITIES**

FAMILY SUPPORT SERVICES (FSS)  
2950 Whipple Ave Canton, Ohio 44708  
330-479-3582

**EQUIPMENT REQUEST FORM**

**About this form:** purchases made with FSS Funds for adaptive equipment and/or home modifications require a statement from a professional verifying how the item(s) requested will meet the need(s) of the individual.

- Form is required for purchases from **Babies "R" Us** and **Gemini Bicycle** only.
- Form must be completed/dated prior to purchase and submitted to address above.
- After submission of this form, stark DD: FSS department will review request and will mail a required authorization form in order to make purchase. Please allow 24-48 hours for processing.

INDIVIDUAL'S NAME: \_\_\_\_\_

I, \_\_\_\_\_,  
*Name of Professional* *Profession*

Recommend the following items be purchased from: (Check One)

Babies "R" Us \_\_\_\_\_ Gemini Bicycle: \_\_\_\_\_

Item: _____	COST: _____	ITEM OR SKU # _____
Item: _____	COST: _____	ITEM OR SKU # _____
Item: _____	COST: _____	ITEM OR SKU # _____
Item: _____	COST: _____	ITEM OR SKU # _____
Item: _____	COST: _____	ITEM OR SKU # _____
Item: _____	COST: _____	ITEM OR SKU # _____

RATIONALE (what is the unmet need, purpose of item(s), how the individual will benefit, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand these items to be funded through FSS funds are to be used specifically to support the family in maintaining the individual in the family home.

SIGNATURE OF PROFESSIONAL \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS OF PROFESSIONAL: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_