



**DATE: Fiscal Year (July 1, 2020 – June 30, 2021)**  
**TO: ALL FAMILY SUPPORT SERVICES PARENTS/GUARDIANS**  
**RE: FAMILY MEMBER DELEGATION FORM**  
**FROM: FAMILY SUPPORT SERVICES**

Dear Parents and Guardians,

When respite providers are responsible for giving medications or providing a medical procedure, the Family Member Delegation form (attached) is required to be completed.

There should be one form completed for each respite care provider you will be delegating to. There should also be one form completed for each eligible child.

If there is no medication, nor medical procedure administered during the time services are provided, mark the attached form N/A and sign on the line for "Signature of Family Member."

Please return the completed and signed form(s) to the Family Support Services Coordinator at Stark County Board of Developmental Disabilities; 2950 Whipple Ave NW Canton, OH 44708. After the forms are received, they will be reviewed by FSS coordinator. You will then receive a FSS Respite Billing Form to complete, and then submit to NEON along with FSS coupons for payment to the respite provider.

If you have any questions, please call the FFS Coordinator at (330) 479-3582.

Thank you,

Family Support Services Coordinator  
Stark County Board of Developmental Disabilities  
Service and Support Administration  
2950 Whipple Ave NW  
Canton, OH 44708  
Phone: (330) 479-3582

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