**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 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) (PROFESSION)

RECOMMENDED ITEM(S): ITEMS TO BE PRUCHASED FROM (Check One)

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.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_