

# HELPING keep families TOGETHER



The Medina County Board of Developmental Disabilities understands that all individuals have the best opportunity to grow and develop when they are living in a loving family environment.

Sometimes families need a little help for this to happen, that's why the Family Support Services (FSS) Program was developed.

With the help of the Family Support Services Program, families can purchase necessary equipment and services which may ease some financial burdens on the household and, more importantly, increase the independence of individuals with developmental disabilities.

## OUR MISSION

The mission of the Medina County Board of Developmental Disabilities is to promote and empower individuals with developmental disabilities to live, learn, work and socialize as citizens in the community.



Service and Support Administration Offices  
2736 Medina Road • Suite 105  
Medina, Ohio 44256

330-764-8988  
[www.mcbsd.org](http://www.mcbsd.org)

## QUESTIONS?

For more information,  
please contact the FSS Coordinator  
at 330-764-8988 ext. 130.

Medina County Board of  
Developmental Disabilities



## FAMILY SUPPORT SERVICES PROGRAM

Information and application for  
**Annual Enrollment**

# FAMILY SUPPORT SERVICES APPLICATION

## What is the Family Support Services (FSS) Program?

The Family Support Services (FSS) Program is a state funded program designed to keep family members with developmental disabilities living at home by helping to reimburse specific expenses. Pending annual approval, families may be reimbursed for items such as:

- respite care
- adaptive equipment
- home modifications
- dietary supplements
- related counseling, training and education on disability related issues
- ARC membership to get discount pricing

Within these areas, families can make purchases and submit requests for reimbursement (minus any co-pays that may apply).

There are other case-by-case items, such as diapers, prescriptions, eyeglasses, hearing aids, therapeutic toys and supplies, and therapeutic horseback riding, etc., which may be reviewed for approval as requested. Please remember that items of this type, if total cost exceeds \$100.00, need to be referred by a professional and receive pre-approval.

## How Do I Receive FSS?

Anyone who is eligible for Board services, lives with family and is not on a Medicaid waiver is eligible for FSS reimbursement.

## You must apply each year to receive funds.

Complete and return this application form to:

FSS Program Coordinator  
2736 Medina Road, Suite 105  
Medina, Ohio 44256

OR fax: 330-722-4854

OR email: fssinfo@mcbdd.org

If approved, you will receive a letter confirming your available funds and an explanation of how to submit reimbursement requests. Other program details will also be included in this letter.

(detach here)

Please Print

Applicant's Name \_\_\_\_\_

Email \_\_\_\_\_

Applicant lives with:

- both parents     
  mother     
  father     
  guardian     
  other

Other persons living in the family home: \_\_\_\_\_

Areas of support that you may be interested in (check all that apply):

- respite     
  home modifications     
  adaptive equipment     
  dietary  
 counseling/training/education     
  other \_\_\_\_\_

## Co-Pay Schedule

Your co-payment is the portion of an expense that you are responsible for paying. The following is the income table used to determine a family's co-payment.

### Instructions:

- 1) In the first column, find the total number of people living in your household.
- 2) Within that household size line, **circle the box** that shows the Adjusted Gross Income of your most recently filed tax return.

Household Size	0% co-pay*	25% co-pay	50% co-pay	65% co-pay	100% co-pay
1	n/a	n/a	n/a	n/a	n/a
2	\$0 - \$30,350	\$30,351 - \$49,380	\$49,381 - \$57,610	\$57,611 - \$65,840	\$65,841 +
3	\$0 - \$41,150	\$41,151 - \$62,340	\$62,341 - \$72,730	\$72,731 - \$83,120	\$83,121 +
4	\$0 - \$51,950	\$51,951 - \$75,300	\$75,301 - \$87,850	\$87,851 - \$100,400	\$100,401 +
5	\$0 - \$62,750	\$62,751 - \$88,260	\$88,261 - \$102,970	\$102,971 - \$117,680	\$117,681 +
6	\$0 - \$73,550	\$73,551 - \$101,220	\$101,221 - \$118,090	\$118,091 - \$134,960	\$134,961 +
7	\$0 - \$84,350	\$84,351 - \$114,180	\$114,181 - \$133,210	\$133,211 - \$152,240	\$152,241 +
8	\$0 - \$95,150	\$95,151 - \$127,140	\$127,141 - \$148,330	\$148,331 - \$169,520	\$169,521 +

For each additional household member over 8, add \$10,800 and write that amount here \_\_\_\_\_

I certify that this is my Adjusted Gross Income for my most recent tax filing. I also understand that it is my responsibility to report any change of income.

\_\_\_\_\_  
Signature of Parent/Guardian/Applicant

\_\_\_\_\_  
Date

**The MCBDD may request documentation at anytime for proof of income.**