medina county board of developmental disabilities

- Family Support Services -



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.

What is Family Support Services (FSS)?

Family Support Services (FSS) is an MCBDD funded program to help keep family members with developmental disabilities living at home by reimbursing specific expenses. Through the FSS program, families can make purchases and submit requests for reimbursement (minus any co-pays that may apply). Pending annual approval, families may be reimbursed for items such as:

- respite care
- adaptive equipment
- home modifications
- dietary supplements
- related counseling, training, education on disability issues

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. Please remember items of this type, if total cost exceeds $100.00, need to be referred by a professional and receive pre-approval and co-pays apply. Contact us for more information.

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 the FSS program. First you must complete and return the application form below. Applications may be submitted anytime a need arises. If approved, you will receive a letter confirming your available funds for reimbursement (reimbursement amounts vary based on number of children, need and applicable co-pays) and how to submit reimbursement requests. Other program details will also be included in this letter.

You must apply each year to receive funds.

For questions or more information, please contact the FSS Coordinator at 330-725-7751 ext. 130.

DETACH HERE

2027 FAMILY SUPPORT SERVICES APPLICATION

Medina County board of developmental disabilities

Complete and return form to:
Medina County Board of DD
FSS Program Coordinator
4691 Windfall Road
Medina, Ohio 44256
***OR** fax: 330-722-4854*
***OR** email: fssinfo@mcbdd.org*

Applicant's Name *(Please Print)* _____

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

Co-pay is the portion of an expense that you are responsible for paying. Here is the income table used to determine a family's co-pays.

1. In the first column, find the total number of people living in your household.

2. Within that household size line, **check 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 - $54,100	☐ $54,101- $64,920	☐ $64,921- $75,740	☐ $75,741- $86,560	☐ $86,561+
3	☐ $0 - $68,300	☐ $68,301- $81,960	☐ $81,961- $95,620	☐ $95,621- $109,280	☐ $109,281+
4	☐ $0 - $82,500	☐ $82,501- $99,000	☐ $99,001- $115,500	☐ $115,501-$132,000	☐ $132,001+
5	☐ $0 - $96,700	☐ $96,701- $116,040	☐ $116,041-$135,380	☐ $135,381-$154,720	☐ $154,721+
6	☐ $0 - $110,900	☐ $110,901- $133,080	☐ $133,081-$155,260	☐ $155,261-$177,440	☐ $177,441+
7	☐ $0 - $125,100	☐ $125,101- $150,120	☐ $150,121-$175,140	☐ $175,141-$200,160	☐ $200,161+
8	☐ $0 - $139,300	☐ $139,301- $167,160	☐ $167,161-$195,020	☐ $195,021-$222,880	☐ $222,881+

For each additional household member over 8, add $14,200 and write that amount here: _____

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

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

**Based on 2026 Federal Poverty Income Guidelines*