

FSS REQUEST Form

2025 FSS Program



FULTON COUNTY
BOARD OF
DEVELOPMENTAL
DISABILITIES

Individual's Name: _____

Address: _____

City, State & Zip: _____

Parent/Guardian Name: _____

Phone: _____

1. **VERIFICATION OF NEED FORM** required for special equipment, technology, home modifications and specialized nutrition.
2. Complete this form with details of the expense. Photos of request form will not be accepted.
3. Attach any receipts, invoices, appointment slips, quotes, etc. to this form. Underline items being requested for reimbursement. Photos of receipts will not be accepted.
4. Requests must be submitted within three months of the purchase, quote, invoice, or appointment date.

DATE		REQUEST DETAILS	\$ AMOUNT
1			
2			
3			
4			
5			
TOTAL			

Have you exhausted all other sources of payment prior to this request? YES NO

I certify that the information on this form is true and correct to the best of my knowledge. I understand that the Fulton County Board of Developmental Disabilities may ask for further information in order to authorize reimbursement.

Individual/Parent/Guardian Signature: _____ Date: _____

FORM MUST BE SIGNED

Please make check payable to: _____

DEADLINE TO SUBMIT FSS REQUESTS—FRIDAY, NOVEMBER 21, 2025

FCBDD USE ONLY

DATE RECEIVED: _____ SSA/EI Service Coordinator: _____

W-9: Yes No Documentation Verified: Yes No Type: IFSP/IEP/ISP Other DR Order OT/SP/PT

Funds Available: _____ APPROVED: Yes No AMOUNT APPROVED: _____ DENIAL SENT TO FAMILY:

PO Date: _____ Allotment Balance: _____ Payment Date: _____

BRITTCO RECEIVED LETTER SENT