

Family Support Services

2025 Application



The Family Support Services (FSS) program aims to offer assistance and resources to help families care for individuals with developmental disabilities living at home. This program fosters family unity by supporting them in addressing the unique needs of those with developmental disabilities, thereby helping to prevent the individual from having to leave the family home. FSS provides financial aid to families and individuals by reimbursing eligible expenses. A family member is defined as parents, grandparents, siblings, spouses, children, aunts, uncles, or guardians.

Our program year is scheduled from January 1, 2025, to November 21, 2025. In 2025, we will have funding available for a maximum of 160 applications, with each individual eligible to receive \$400.00.

Eligibility Requirements

- Individual must live with a family member in Fulton County
- Individual must be eligible for services through the Fulton County Board of Developmental Disabilities.
- Individuals enrolled in foster care do not qualify.
- Individuals enrolled in a Medicaid waiver are not eligible.
- Individuals residing in an intermediate care facility (ICF) are not eligible

Once eligibility is confirmed and enrollment in the FSS program is successfully completed, reimbursements may be available for a range of goods and services that are not covered by other sources and are relevant to the individual's diagnosis.

Possible reimbursements may include the following:

- Adaptive equipment
- Home modifications to enhance the living environment or support care
- Therapies (OT, PT, etc.) related to the developmental disability diagnosis
- Medical expenses related to the developmental disability diagnosis
- Respite care (either in-home or out-of-home)
- Incontinence supplies (individuals over the age of three)
- Counseling, training, and education for families to assist in caregiving

Please fill out and return the application found on page 3, along with the W-9 on page 4. *Note that photos of applications will not be accepted.*

Once approved, details on how to request reimbursement and the items that may be eligible for coverage will be provided.

Fulton County Board of Developmental Disabilities

1210 N. Ottokee St., Wauseon OH 43567

419-337-4575

SECTION 1: INDIVIDUAL 'S INFORMATION

First Name: _____ Last Name: _____ DOB: _____

Select any services the individual is enrolled in: Early Intervention SSA Services

Is this person covered by insurance or Medicaid? Yes-insurance Yes-Medicaid No

SECTION 2: NAME OF PERSON APPLYING ON BEHALF OF THE PERSON LISTED IN SECTION 1

Name: _____

Relationship to Individual in Section 1: Parent Legal Guardian Self

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

List email address below where information may be sent: _____ *Is this a cell phone?* Yes No

SECTION 3: SIGNATURE

By signing this application, I am applying for funding through the Family Support Services program. I certify that all of the information provided is accurate and true. I understand that the Fulton County Board of DD may require additional information to establish eligibility (*eligibility is redetermined at age 3, 6 and 16*).

I consent to the FSS Coordinator and Fulton County Board of DD contacting ODJFS for information regarding my eligibility for services, valid until November 21, 2025. I can revoke this authorization at any time with written notice to the FSS Coordinator.

SIGNATURE OF PERSON LISTED IN SECTION 2

DATE

SIGNATURE OF INDIVIDUAL (*If over 18 & no guardian*)

DATE

RETURN ORIGINAL APPLICATION & W-9 BEFORE NOVEMBER 21, 2025.

WE DO NOT ACCEPT PHOTOS, SCANNED OR EMAILED COPIES.

BY MAIL:
FCBDD
FSS PROGRAM
1210 N. OTTOKEE ST.
WAUSEON, OH 43567

DROP OFF: A secure box is located outside our door, for after-hours drop off.

Complete Page 2



**FCBDD
USE
ONLY**

DATE/TIME RECEIVED:

APPLICANT #

SSA/EI SC: _____ ELIGIBILITY: EI Pre COEDI OEDI

W-9 Auditor APPROVED: Yes No

DATE & INITIALS:

NOTIFY: APPLICANT/FAMILY SSA/EISC IDS BRITTCO

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	(Applies to accounts maintained outside the United States.)
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-					
or									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
------------------	--------------------------	------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they