



Family Directed Resources: Request for Service

Attach original copies of all supporting documentation.

Send all requests to **Ability Works**, 1 Superior St. Sandusky, Ohio
Attention: Kristy Ferback email : kferback@ability-works.com

Date: _____ Amount Requested: _____

Eligible Individual: _____ Name of Parent: _____

Address: _____ New Address? ___ Yes ___ No

Phone Number: _____ New Phone? ___ Yes ___ No

Service Coordinator /SSA if applicable: _____

Is this request an emergency? ___ Yes ___ No

Emergency is defined as a service that if not provided will lead to exploitation, abuse or neglect.
Please describe item/service requested _____

What benefit do you hope to see from this item/service? _____

Please make check / voucher payable to: _____

Please mail check/voucher to: _____ Call when ready for pick up: _____

If catalog order, send item to: _____ Ability Works _____ Family Address _____ Board Offices

This item falls under the following category: Please check what applies:

_____ Special Diet (Nutrition Supplement Form) _____ Adaptive Equipment (recommendation)

_____ Family training and education _____ Other

_____ Respite (complete Respite Verification Form) _____ Transportation

_____ Home Modification (over \$500 three estimates)

Requests will be honored if program funds are available and request is consistent with approved services. Payments will be drawn from the calendar year in which the services are rendered. To ensure prompt payment, the family must honor requested deadlines for submitting completed requests. **Fraudulent use of funds may result in termination of FDR for 1 year.**

Family Signature: _____ Date: _____