



**Family Directed Resources: Request for Service**

Attach original copies of all supporting documentation.

Send all requests to **Ability Works**, 3920 Columbus Ave. Sandusky, Ohio  
Attention: Wendy Dempsey email : wdempsey@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: \_\_\_\_\_