

**Safety & Security Grant – Application and Request for Funds**

**\*ALL requests must have prior approval BEFORE purchases are made\***

Name of Eligible Individual: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Medicaid #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name of Parent(s)/Family Member: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Special Equipment/Service Request**

- Description: \_\_\_\_\_
- Professional recommendation from: \_\_\_\_\_
- Supplier/Provider: \_\_\_\_\_
- Estimated Cost: \_\_\_\_\_
- Please attach detailed information about the equipment/service requested

Families should attempt to access other sources prior to Family Support Services. Family Support Services is the payee of last resort. If private insurance, BCMH, or JFS funding is available, they must be used before utilizing PCBDD funding. I verify that Family Support Services is being utilized as the Payer of Last Resort.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Office Use Only**

The applicant has been determined eligible for the Safety & Security Grant program.

\_\_\_\_\_  
Initials of person verifying eligibility

\_\_\_\_\_  
Date

**Request Determination**

\_\_\_\_\_ Date of request

\$ \_\_\_\_\_ Funds available for this request

\_\_\_\_\_ Date approved

\_\_\_\_\_ Date answer to family

\_\_\_\_\_  
Initials of Superintendent approval

\_\_\_\_\_  
Date