

Therapy Service and Safety & Security Programs

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: _____

Phone Number: _____

Safety & Security Equipment or Service Request

- Assessed Need: _____
 - Please attach a document with the assessed need
- Description: _____
- Professional recommendation from: _____
- Supplier/Provider: _____
- Estimated Cost: _____
 - Please attach detailed information about the equipment/service requested

Therapy Request

- Assessed Need: _____
- Description: _____
- Professional recommendation from: _____
 - Please attach a document with the professional recommendation
- Provider: _____
- Estimated Cost: _____

Families should attempt to access other sources prior to Putnam County Board of DD Programs. Putnam County Board of DD 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 the Putnam County Board of DD Program is being utilized as the Payer of Last Resort.

Parent/Guardian Signature

Date