PUTNAM COUNTY
BOARD OF DEVELOPMENTAL DISABILITIES

124 Putnam Parkway, Suite D, Ottawa, OH 45875
Ph: 419-523-0122 ● Fax: 419-523-0121
www.putnamcountydd.com

Therapy Service and Safety & Security Programs – 2026
Application and Request for Funds

ALL requests must have prior approval BEFORE purchases are made

****Send Requests to familysupport@putnamdd.org****

Name of Eligible Individual: _____

Birthdate:_____Medicaid #:_____ Social Security #:_____

Name of Family Member:_____Relation to Individual:_____

Email Address:_____

Phone Number:_____

Mailing Address:_____

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 from a medical professional
- 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 payer 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.**

_____ _____

Family Member Signature Date

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Office Use:

☐ Assessed need verified ☐ Waiver service ☐ Payer of last resort

Recommend to: ☐ Approve ☐ Not Approve; Reason: _____

_____

_____

Signature of reviewer _____* Date _____

*Signature confirms all requirements have been met as listed under Section 3.0 of PCBDD Therapy & Safety Grant policies.