



HOLMES COUNTY  
**Board of Developmental Disabilities**

*supporting people in living meaningful lives*

**Family Support Services Program**

**Application / 2021 - 2022**

Eligible Individual's name \_\_\_\_\_ DOB \_\_\_\_\_

Eligible Individual lives with \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone Home \_\_\_\_\_ Cell \_\_\_\_\_

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

1. Does Individual currently receive HCBDD Services?

\_\_\_ Yes.

If yes, please identify program

\_\_\_ Early Intervention

\_\_\_ School

\_\_\_ Preschool

\_\_\_ Adult Day Program

\_\_\_ Lynn Hope

\_\_\_ SSA

\_\_\_ No

Were you referred to HCBDD by an agency or individual? If so, please list name(s)

\_\_\_\_\_  
\_\_\_\_\_

2. Please check and describe the assistance you receive in caring for your family member with a disability support from groups listed below.

\_\_\_ Private Insurance Co \_\_\_\_\_

\_\_\_ Bureau of Children w Medical Handicaps \_\_\_\_\_

\_\_\_ Church \_\_\_\_\_

\_\_\_ Community Service Organization \_\_\_\_\_

\_\_\_ Medicaid \_\_\_\_\_

\_\_\_ Medicaid / Waiver \_\_\_\_\_

\_\_\_ Social Security \_\_\_\_\_

\_\_\_ HCAHC \_\_\_\_\_

\_\_\_ Other (Explain) \_\_\_\_\_

I certify that the information contained on this application is accurate. I understand that eligibility in the FSS program does not necessarily qualify me or my dependents for other HCBDD Services

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to FSS Coordinator

**The FSS Program**  
**“Family Support Services”**  
**Jane Hall, Coordinator**

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Family Support Services (FSS) helps families meet the needs of their family member with a developmental disability. The goal of the program is to promote self-sufficiency and family unity by meeting the special needs of the eligible individual. To participate, the individual must have been determined eligible for Board of DD services and must live with a family member. FSS funds can be used for the following and require a **recommendation from your SSA, EI Specialist or therapist.**

- Respite care.
- Counseling, supervision, training, and education related to the eligible individual’s special needs.
- Special diets, specialized equipment, and home modifications.
- Summer programming, leisure activities, and social skill development
- Other services that meet the purpose of the program.

Interested participants must complete an application annually.

The board has determined that the maximum amount of funding for the program year, July 1, 2021—June 30, 2022 is **\$400** per eligible individual. **This does not mean that each individual has \$400.00 to spend. It is the max we can fund an individual for items/services recommended by your SSA, EI Specialist or therapist as long as funds as available.**

If you are a current participant and still have requests to be fulfilled for the 2020-21 FSS year, please file them by June 30, 2021. FSS application for 2021-22 can be obtained by calling Jane Hall at 330/674-8045.