



# Southwest Ohio Council of Governments

Butler County Board of Developmental Disabilities  
Clermont County Board of Developmental Disabilities  
Hamilton County Developmental Disabilities Services

## Family Support Services Program

1520 Madison Road, Cincinnati, Ohio 45206

Phone- (513) 559-6800, fax- (513) 559-6600, TDD- (513) 475-0025

### TAXABLE INCOME CERTIFICATION

You must complete this information to be eligible to receive vouchers after 7/1/11. Your 2011 rate will be based on the information you provide about your 2010 Taxable Income, below.

Name of Child or Adult enrolled in Program: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_

Please check the box that applies to your family:

- My family did not have any taxable income in 2010 and we did not file an IRS form.
- My family filed IRS Form 1040EZ  
The taxable 2010 income on line 6 was \$ \_\_\_\_\_
- My family filed IRS Form 1040A  
The taxable 2010 income on line 27 was \$ \_\_\_\_\_
- My family filed IRS Form 1040  
The taxable 2010 income on line 43 was \$ \_\_\_\_\_

You are not required to provide us with a copy of your tax return. However, if you choose to do so, please attach it to this form.

I certify that the person enrolled in this program lives in the same home as I do, that the person is dependent upon me for support, and that the taxable income information I've provided is correct.

I also give my permission to Family Support Services to exchange necessary information about my family with the Southwest Ohio Council of Governments or the County Board of DD for my county of residence.

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

**Eligibility determination is a continuous process based on age. Eligibility has to be re-determined by the County Board of DD at ages 3, 6, and 16. Please contact the County Board of DD if your family member will be turning 3, 6, or 16 this year.**

[Type text]

## FSSP SURVEY

Name of enrolled family member: \_\_\_\_\_ County: \_\_\_\_\_

Parent(s) name: \_\_\_\_\_

Email address (if applicable):  
\_\_\_\_\_

1. Which FSSP funded service do you find most helpful? **Number 1-7** with 1 being the most important and 7 being the least important.

\_\_\_\_\_ Respite/Camp

\_\_\_\_\_ Diapers/Incontinent Supplies

\_\_\_\_\_ Special Diet

\_\_\_\_\_ Adaptive Equipment

\_\_\_\_\_ Counseling/Therapy

\_\_\_\_\_ Home Modifications

\_\_\_\_\_ Other Example: \_\_\_\_\_

2. Are the procedures for obtaining services easy to understand and follow? (circle below)

1

2

3

4

Poor

Fair

Good

Excellent

3. Have your requests been handled in a timely manner? (circle below)

1

2

3

4

Poor

Fair

Good

Excellent

4. Have payments been handled in a timely manner? (circle below)

1

2

3

4

Poor

Fair

Good

Excellent

5. If you have any comments/suggestions about the program or how to improve services, please comment below:

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