

Family Support Services

Request for Approval

All requests must be pre-approved before making any purchase/reimbursement.



Name of Person Who Gets Services from Fairfield DD:

What Expense Do You Need Covered or Reimbursed? Please describe the item or service.

Include the item name, description, model number, number of units to be ordered, website link or store. Before filling out this form, check if other places can help pay (like insurance, Medicaid, churches, Lions Club, Kiwanis, or other local groups).

How Will This Help the Person Served by Fairfield DD?

Explain how this item or service will help the person grow, be more independent, or meet their needs. If you are asking for things like learning tools, special diets, equipment, home modifications, or technology, a licensed professional must confirm whether an item is appropriate or necessary. The item should match the person's needs, goals, and their Individual Service Plan (ISP).

Please attach any letters to support your request.

Cost of Requested Items/Services:

Cost \$ _____

Shipping and Handling \$ _____ (if applicable)

Taxes \$ _____ (if applicable)

Total Cost for Payment \$ _____

Who Should Get the Payment?

Family Reimbursement Store or Company

Pay to the order of: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

I understand that this is a request for assistance. It will only be approved if it is needed, right for the person and money is available.

Parent/Guardian Name

Parent/Guardian Signature

Next Steps:

Send this form to Fairfield DD Family Support Services by **September 30**.

You'll get an email from familysupport@fairfieldddd.com in 10-14 business days to let you know if your request is approved. Then you may move forward with the intended purchase.

Important Note: When you send in receipts or invoices, make sure they only show the items you asked for.