



[familysupport@fairfielddd.com](mailto:familysupport@fairfielddd.com)  
[fairfielddd.com/family-support](http://fairfielddd.com/family-support)

# 2026

# Family Support Services

## HANDBOOK



Family Support Services  
717 College Avenue  
Lancaster, OH 43130

Phone: 740-652-7230  
Fax: 740-756-7857

# Family Support Services (FSS)

Family Support Services (FSS) is designed to assist families who care for a relative with a developmental disability living in the family home. These services aim to promote growth, independence, and self-sufficiency. A family member includes parents, grandparents, siblings, children, aunts, uncles, or legal guardians.

## Please Note:

Family support services cannot be used in paid foster homes, paid kinship arrangements or if the person lives outside of the family home. If your taxable income is over **\$83,811** you do not qualify for the FSS allocation. Funding is provided on a sliding scale and based on household income. The maximum amount available for an FSS year is **\$630**.

Family Support Services is funded through local property tax dollars from Fairfield County.

## Important Deadlines and Updates

### September 1st

Last day to submit Taxable Income Verification Forms (annual requirement). This form **MUST** be submitted before any expenses are approved.

### September 30th

Last day to submit your Request for Approval form.

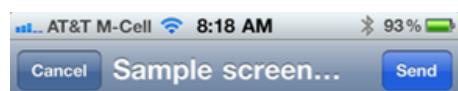
**New requests received after September 30, 2026, will not be processed.**

### October 30th

Last day to submit receipts for reimbursement for the 2026 FSS year.

### When Reaching Out

When emailing Family Support at **familysupport@fairfielddd.com** be sure to include the person's first initial & last name in the subject line of every request.



To [familysupport@fairfielddd.com](mailto:familysupport@fairfielddd.com)

Cc/Bcc, From: [taylor@intuitive.com](mailto:taylor@intuitive.com)

Subject First Initial, Last Name

Here it is!



# How to Use Family Support Funds

## 1. Send in Your Taxable Income Verification Form

Fill out the form located on [page 10](#) and email it to the FSS Coordinator at [familysupport@fairfieldddd.com](mailto:familysupport@fairfieldddd.com).

## 2. Wait for an Email About Your Eligibility

- If you qualify, you'll get an email telling you how much money you can use this year.
- If you don't qualify, you'll get an email explaining that too.

## 3. Get Approval Before You Buy Anything

After you're approved, fill out and send in the **Request for Approval** on [page 11](#) before making any purchases.

 **Please note: All payments are handled by the Fairfield County Auditor and must follow their processes.**

## 4. Important Rules for Buying Items

- Only include items you're asking to be paid back for on your receipt.
- You might need to ask the cashier to ring up two separate orders, or place two separate online orders.
- If you're buying items for more than one family member, each person needs their own receipt.
- We can't accept receipts that have items that weren't approved ahead of time.

## 5. More Info Might Be Needed

The FSS Coordinator might ask you for more details to finish your request.

## Prior Approval Needed for All Requests

Submit the **Request for Approval Form** to the FSS Coordinator, once approval is given you can then make your purchase. Approval will be in the form of an email and takes an average of 10 - 14 business days.

If you have questions about whether an authorized vendor is approved by Fairfield County Board of DD, please contact the Family Support Coordinator at [familysupport@fairfieldddd.com](mailto:familysupport@fairfieldddd.com). To ensure that payment is authorized, we need to make sure the vendor is approved prior to services being rendered.

# Why a Request Might Be Denied

- The required Taxable Income Verification Form was not provided. Participants must sign up for the program each year.
- The receipt has multiple items listed that do not pertain to the specific FSS request.
- The request form was not received by the September 30th deadline.
- The item was purchased without prior approval by the FSS Coordinator.
- Your request is not related to assisting the family member who has a disability.
- If Family Support Services funds become limited, families requesting services will be placed on a waiting list in chronological order according to receipt of the tax verification form.
- If moving out of the county, funding may be prorated by the of leaving Fairfield DD.

 You have the right to appeal any denial of services. A copy of the resolution of complaints process is provided. See [page 14](#) in this handbook.

## Eligible Expenses

This section provides examples of how Family Support Services (FSS) funds may be used. These examples are not exhaustive, and all items require prior approval.

### Letter of Recommendation

A letter of recommendation must be submitted to explain the need. Some professionals may call it a Letter of Medical Necessity Letters may come from qualified professionals, such as behavior support specialists, developmental specialists, assistive technology coordinators, physicians, speech therapists, occupational therapists, or other appropriate providers. Each area below indicates if a letter is required.



### Specialized Diets

Support may be available for the additional cost of special dietary items needed due to medical or disability-related conditions, with appropriate medical documentation.

**Requires a Letter of Recommendation**



### Respite Care

Respite care is temporary care which helps maintain the family structure or assist in meeting planned or emergency situations. Could be in-home care, out-of-home care, family selected provider, board approved provider.

See page 7 for the full process.

**Does Not Require Letter of Recommendation**



## Modified Equipment/Medical Supplies

Items such as helmets, braces, feeding equipment, modified personal hygiene tools, lift chair, shower chair, catheter supplies, incontinence supplies, stoma seals/rings, and medical pads.

**Requires a Letter of Recommendation**

### Important Notes

- These supplies may be reimbursed through FSS only in cases where costs are not covered by Medicaid or another insurance program.
- Coverage for incontinence supplies is available starting at age 4 when supported by appropriate medical documentation.



## Home Modifications

Items like ramps, grab bars, bathroom alterations

**Requires a Letter of Recommendation**

### Important Notes

Projects may require evaluation, competitive bidding, and installation.



## Assistive Technology

Technology that supports communication and independence, including communication devices, Echo Dot, and communication applications (LAMP, Grid app).

Families can try devices before purchasing through the Enabling Technology Lending Library.

🌐 Visit: [www.fairfielddd.com/lendinglibrary](http://www.fairfielddd.com/lendinglibrary)

**Requires a Letter of Recommendation**



## Additional Therapies

Speech Therapy, Occupational Therapy, Physical Therapy, Horseback or Aquatic Therapy.

Requires a Letter of Recommendation



## Community Memberships & Classes

Places such as COSI, Zoo, AHA Children's Museum, Swim Memberships

**Does Not Require Letter of Recommendation**

### Important Notes

Memberships may be purchased with FSS funds but are not eligible under Summer Scholarships.



## Car Repairs

Support may be available for car repairs. Families must provide a copy of the insurance card or vehicle registration.

**Does Not Require Letter of Recommendation**



## Utility Bills (Disconnect Status)

If a utility bill shows a disconnect notice, families may request support. Be sure to include both the bill and the disconnect notice.

**Does Not Require Letter of Recommendation**



## Clothing & Shoes

Up to \$300 per calendar year (including tax) may be available for clothing and shoes. High-end or designer clothing is not eligible.

**Does Not Require Letter of Recommendation**



## Educational Tools

Items that help individuals learn or maintain skills, such as sensory stimulation development, increase fine & gross motor skills, and facilitate language development, etc.

**Requires a Letter of Recommendation**

## How to Use FSS for Respite

➤ This process may take up to one month to set up and is processed as a reimbursement.

1. Email the Family Support Coordinator (Coordinator) to request the use of respite services at [familysupport@fairfieldddd.com](mailto:familysupport@fairfieldddd.com).
2. The coordinator will send a packet of forms for the provider to complete so they can become an independent contractor with the Fairfield County Auditor's Office.
3. Once the completed forms are returned to the Coordinator, they will be submitted to the Auditor's Office for approval.
4. Complete the request for approval form and email it to the Coordinator.
5. Once all is approved, the Coordinator will email the family with approval and provide the Respite Tracking Form.
6. The provider must track all hours worked on this form and submit it for reimbursement and payment each month. Payment is made directly to the respite provider using the individual's FSS funding.

➤ Searching for a possible provider? Use the DODD Provider search on their website at [dodd.ohio.gov/wps/portal/gov/dodd/your-family/all-family-resources/provider-search](http://dodd.ohio.gov/wps/portal/gov/dodd/your-family/all-family-resources/provider-search)

## Respite Provider Qualifications

- Must be 18 years old or older.
- Cannot live in the same household as the person receiving respite services.
- Cannot be the parent of the person receiving respite services.

# Items Not Covered by Family Support Services

Family Support Services does not cover items intended for general use, recreation, or entertainment.

This is not an exhaustive list, but here are common examples of unapproved items:



## Housing

- Mortgage, Rent, or any down payments for housing
- Internet/cell phone services



## Living Expenses

- Food, Groceries
- Hygiene Items (toothbrushes, toothpaste, etc.)
- Paper Products
- Cleaning Supplies (laundry detergent, cleaning wipes)
- Tools (vacuums, Roombas, mops, etc.)
- Personal Care Items



## Home Goods

- Appliances (washer and dryer, refrigerator, etc.)
- Furniture (sofa, love seat, television stand, bed, mattress, etc.)
- TVs, Video Game Consoles, DVDs/Blu-Ray, or other digital content
- Gift cards of any kind



## Children's Items

- Car seats, Cribs, Pack and Plays, Strollers
- Diapers and wipes for infants and toddlers (not covered until age 4 with appropriate medical documentation)



## Recreation & Entertainment

- Pools or any associated pool items
- Trampolines
- Birthday/Christmas gifts



## Medical Expenses

- General medical bills (e.g., co-pays for office visits)



## Home Modifications & Repairs

Items that do not provide direct medical benefit or are not remedial (i.e., not intended to improve an individual's skills) are not approved. This includes items of general utility or those that increase the home's square footage.

Common exclusions:

- Carpeting and flooring
- Roof repairs
- Cosmetic upgrades
- Sidewalks and driveways
- Fencing, patios, and decks
- Central air conditioning or HVAC systems
- Security systems
- Additions that expand the home's square footage

# 2026

# Family Support Services

## Helpful Resources

**Taxable Income Verification Form** Page 10

**Request For Approval Form** Page 11

**Purchase Request Checklist** Page 12

**Submitting a Receipt** Page 13

**Resolution of Complaints** Page 14

# Family Support Services

## Taxable Income Verification Form



Family Support Services is a program designed to assist families who are caring for a family member with a disability when that person resides in their home. Fairfield DD uses the prior year's federal taxable income to determine qualification and reimbursement of service levels. If a family or household is not required to file an income tax form, it will not affect eligibility for services. This program is funded by the taxpayers of Fairfield County through local property taxes.

**This form must be submitted by September 1, 2026**

Family Support Services  
717 College Avenue  
Lancaster, Ohio 43130

Email: [familysupport@fairfieldddd.com](mailto:familysupport@fairfieldddd.com)  
Phone: 740-652-7230  
Fax: 740-756-7857

### Annual Allocation

The following chart shows the family's percentage of the annual allocation amount.

Taxable Income	FSS Allocation Percentage
\$39,440 or less	100%
\$39,441 to \$49,300	75%
\$49,301 to \$64,090	50%
\$64,091 to \$83,810	25%
\$83,811 and over	0%

### Household Federal Taxable Income

Complete the information below using your 2025 Federal Tax Return which is required to be completed by April 15, 2026.

Individual's name who qualifies for services from Fairfield DD \_\_\_\_\_

I hereby certify that my family/household taxable income for the prior year, **plus child support**, if applicable, was \$ \_\_\_\_\_

I hereby certify that I was not required to file an income tax statement for the prior year.

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Parent/Guardian Name

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Parent/Guardian Signature

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method of Contact:  Email  US Post

# 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).

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#### 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.

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#### 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](mailto: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.

# Family Support Services

## Purchase Request Checklist

### Before You Buy Anything:

- Fill out the **Taxable Income Verification**.
- Email the form to the FSS Coordinator at [familysupport@fairfielddd.com](mailto:familysupport@fairfielddd.com).
- Wait for an email to find out if you are eligible.
  - If eligible: You'll get your yearly allocation amount.
  - If not eligible: You'll be notified.
- Once approved, fill out the **Request for Approval** Form.
- Submit the form to the FSS Coordinator and wait for approval.

➤ Be sure to get approval before making any purchases.

### When You Make a Purchase:

- Only include items you are asking to be reimbursed for on the receipt.
- Ask the cashier to ring up **two separate orders**, if needed.
- If ordering online, place **two separate orders** if needed.
- If buying for **multiple family members**, get a **separate receipt for each person**.
- Do **not** include items that were **not pre-approved**.

### After You Submit Your Request:

- Be ready to provide more information if the FSS Coordinator asks for it.



# Submitting FSS Receipts

How to request reimbursement from FSS pre-approved item and purchase

## Receipt should include:

- Name of business
- Date
- Amount of Purchase
- Itemization list of products/services

## Should be:

- Copy, scan or picture of original receipt
- Legible

## Should not Include:

- Any items not being submitted for reimbursement
- Screenshots or pictures of order

## Printing a receipt from Amazon?

Follow these steps from Amazon  
at <https://rb.gy/7opyex>

**SUBMIT**

**Submit Receipt:**

By email to [familysupport@fairfieldddd.com](mailto:familysupport@fairfieldddd.com)  
Be sure to include your name along with receipt

## Don't have an email?

Mail: 717 College Ave. Lancaster, Ohio 43130  
Fax: 740-756-7857

**REMINDER**

**October 30th**

Last day to submit receipts for pre-approved reimbursement for the current FSS year.

Business																																																																															
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Itemized List	<table><tr><td>Quest Nutrition Protein Bar - Peppermint Bark - 4ct</td><td></td></tr><tr><td>Qty 1 • \$8.99 unit price</td><td></td></tr><tr><td>Amount</td><td>\$8.99</td></tr><tr><td>Discounts</td><td></td></tr><tr><td>Target Circle Card 5%</td><td>-\$0.45</td></tr><tr><td>Target Circle Card free shipping</td><td>-\$0.74</td></tr><tr><td>Item total</td><td>\$8.54</td></tr><tr><td> </td><td> </td></tr><tr><td>Premier Protein Nutritional Shake - Chocolate - 11 fl oz/4pk</td><td></td></tr><tr><td>Qty 1 • \$9.99 unit price</td><td></td></tr><tr><td>Amount</td><td>\$9.99</td></tr><tr><td>Discounts</td><td></td></tr><tr><td>Target Circle Card free shipping</td><td>-\$0.75</td></tr><tr><td>Target Circle Card 5%</td><td>-\$0.50</td></tr><tr><td>Item total</td><td>\$9.49</td></tr><tr><td> </td><td> </td></tr><tr><td>Clif Bar Cool Mint Chocolate Bars - 12oz/5ct</td><td></td></tr><tr><td>Qty 1 • \$6.69 unit price</td><td></td></tr><tr><td>Amount</td><td>\$6.69</td></tr><tr><td>Discounts</td><td></td></tr><tr><td>Target Circle Card 5%</td><td>-\$0.33</td></tr><tr><td>Target Circle Card free shipping</td><td>-\$0.75</td></tr><tr><td>Item total</td><td>\$6.36</td></tr><tr><td> </td><td> </td></tr><tr><td>Garden of Life Women's Probiotics Daily Care Capsules - 30ct</td><td></td></tr><tr><td>Qty 1 • \$25.99 unit price</td><td></td></tr><tr><td>Amount</td><td>\$25.99</td></tr><tr><td>Discounts</td><td></td></tr><tr><td>Target Circle Card free shipping</td><td>-\$0.75</td></tr><tr><td>Target Circle Card 5%</td><td>-\$1.30</td></tr><tr><td>Taxes &amp; fees</td><td></td></tr><tr><td>Sales tax</td><td>\$1.85</td></tr><tr><td>Standard shipping</td><td>\$0.75</td></tr><tr><td>Item total</td><td>\$26.54</td></tr><tr><td> </td><td> </td></tr><tr><td>Receipt total</td><td>\$50.93</td></tr><tr><td>Target Circle Credit Card *11</td><td></td></tr><tr><td>Date</td><td>Thu, Nov 21, 2024</td></tr><tr><td></td><td>Invoice #43273991063637334</td></tr></table>	Quest Nutrition Protein Bar - Peppermint Bark - 4ct		Qty 1 • \$8.99 unit price		Amount	\$8.99	Discounts		Target Circle Card 5%	-\$0.45	Target Circle Card free shipping	-\$0.74	Item total	\$8.54			Premier Protein Nutritional Shake - Chocolate - 11 fl oz/4pk		Qty 1 • \$9.99 unit price		Amount	\$9.99	Discounts		Target Circle Card free shipping	-\$0.75	Target Circle Card 5%	-\$0.50	Item total	\$9.49			Clif Bar Cool Mint Chocolate Bars - 12oz/5ct		Qty 1 • \$6.69 unit price		Amount	\$6.69	Discounts		Target Circle Card 5%	-\$0.33	Target Circle Card free shipping	-\$0.75	Item total	\$6.36			Garden of Life Women's Probiotics Daily Care Capsules - 30ct		Qty 1 • \$25.99 unit price		Amount	\$25.99	Discounts		Target Circle Card free shipping	-\$0.75	Target Circle Card 5%	-\$1.30	Taxes & fees		Sales tax	\$1.85	Standard shipping	\$0.75	Item total	\$26.54			Receipt total	\$50.93	Target Circle Credit Card *11		Date	Thu, Nov 21, 2024		Invoice #43273991063637334
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***Allocation must be approved before purchase or receipt will be denied reimbursement.***



# RESOLUTION OF COMPLAINTS

## Why would I file a complaint or appeal?

- You may file a complaint if you are dissatisfied with a program, service, policy, or practice of the county board of developmental disabilities.
- You may file an appeal of adverse action ("appeal") if your request for services is denied or if services you have been receiving are being taken away.

## Do I have to file a formal complaint or appeal?

No. If you choose, you may start by trying to resolve your complaint or appeal informally with a supervisor at the county board of developmental disabilities. You and the supervisor can agree to work together to try to resolve your complaint or appeal. The informal process shall take no longer than 30 days.

## Should I try to resolve my complaint or appeal informally before filing a formal complaint or appeal?

That is entirely up to you. Trying to resolve your complaint or appeal informally does not prevent you from filing a formal complaint or appeal.

## When should I file a complaint or appeal?

- A complaint must be filed within 90 days of becoming aware of the program, service, policy, or practice that is the subject of your complaint.
- An appeal must be filed within 90 days of receiving notice that your services are being denied or taken away.

## Important!

In most cases, the county board must notify you at least 15 days prior to the date it plans to take away your services. If you file an appeal before the date your services are scheduled to be taken away, your services will stay in place during the appeal process.

## How do I file a formal complaint or appeal?

The complaint or appeal must be filed in writing with the supervisor or manager responsible for the program, service, policy, or practice of the county board. Staff of the county board will assist you if you need help.

## How will I be notified about my complaint or appeal?

The county board will respond to you in writing. Each response will explain the next step and the timeline for completing it.

## What will happen after I file a formal complaint or appeal?

The supervisor or manager will meet with you to discuss your complaint or appeal and will investigate your complaint or appeal. Within 15 days, the supervisor or manager will provide you with a written response to your complaint or appeal. If you make a request, the supervisor or manager will discuss the written response with you.

## **What if I am not satisfied with the supervisor's or manager's decision?**

You may file your complaint or appeal with the Superintendent of the county board. Your complaint or appeal must be filed in writing within 10 days of receiving the supervisor's written response. Staff of the county board will assist you if you need help. The Superintendent or his or her designee will meet with you within 10 days of receipt of your complaint or appeal and provide you with a written response within 15 days of receipt of your complaint or appeal.

## **What if I am not satisfied with the Superintendent's decision?**

You may file your complaint or appeal with the President of the county board. Your complaint or appeal must be filed in writing within 10 days of receiving the Superintendent's written response. Staff of the county board will assist you if you need help. A hearing will be conducted no later than the next board meeting at a time that is convenient for all.

## **What will happen at the hearing?**

The hearing may be conducted by the full county board, by a committee of two or more members of the county board appointed by the President of the county board, or by a hearing officer appointed by the President of the county board. You will have an opportunity to explain your complaint or appeal. You may be represented by an attorney. You have the right to question officials or employees of the county board who have information related to your complaint or appeal. You may be asked questions about your complaint or appeal.

## **What will happen after the hearing?**

You are entitled to receive, at no cost, a written transcript of the hearing. Within 15 days of a hearing conducted by the county board or the county board's receipt of the report and recommendation from a hearing officer, the President of the county board or his or her designee will send you by certified mail, the county board's decision regarding your complaint or appeal. The decision must include a rationale and a description of what you should do if you are still dissatisfied.

## **What if I am not satisfied with the county board's decision?**

You may file your complaint or appeal with the Director of the Ohio Department of Developmental Disabilities. Your complaint or appeal must be filed in writing within 15 days of receiving the county board's decision. Staff of the county board will assist you if you need help. The Director, or his or her designee, may request additional information from you. Within 30 days of receipt of necessary documents related to your complaint or appeal, the Director or their designee will send you by certified mail the decision regarding your complaint or appeal.

## **What if I am not satisfied with the Director's decision?**

You may file a claim through the court system.

## **Who else can help me with my complaint or appeal?**

Arc of Ohio at 1-800-875-2723

Disability Rights Ohio at 1-800-282-9181

Ohio Department of Developmental Disabilities at 1-800-617-6733

While services may be coordinated through Fairfield DD, some complaints must be filed through the provider of services. You or your advocate may request a representative of Fairfield DD to assist you in contacting additional agencies to resolve the complaints listed below:

**Delegated Nursing:** Complaints related to delegated nursing practices may be referred to the Ohio Board of Nursing and the Ohio Department of DD.

**Medicaid-Funded Services:** Any decision to terminate, reduce or, deny Medicaid–funded services (State Plan Services and/or Waiver Services) is subject to the Ohio Department of Job and Family Services (ODJFS) appeal process. You will be provided with prior notice of proposed actions and have the right to a hearing with ODJFS.

- If an intent to appeal a decision of Fairfield DD is received within 15 days of the proposed action, all services will continue uninterrupted until the dispute is resolved.
- If the complaint is received after the 15-day period but prior to 90 days after the proposed action, the services may be reinstated based upon the results of the hearing.

**Early Intervention Services:** Families have a right to appeal decisions related to services provided by the Early Intervention program by contacting the Ohio Department of DD at 1-800-617-6733 or [EarlyIntervention@dodd.ohio.gov](mailto:EarlyIntervention@dodd.ohio.gov).

**School-Age Services:** Families have a right to appeal decisions related to educational programs by using the due process steps in your local school district.

**Community Living:** Anyone receiving or providing supported living services through a contract with Fairfield DD should use the dispute resolution procedures of the provider. In cases of complaints related to the termination, reduction, or change of supported living services, you should follow the steps outlined in the Fairfield DD Administrative Resolution of Complaints Process.