

Hamilton County Developmental Disabilities Services

Misc. Services, Environmental Modifications and Adaptive and Assistive Technology Equipment Worksheet

Will only be authorized when approved by Service & Support Administrator

Individual: My Plan Span Start Date: SSA:

Ending Provider

Provider: Date ended:

Home Delivered Meals

Funding Source: I/O L1 Local/ Levy Hot Cold Frozen 1 meal/ day 2 meals/ day

Provider: Start date: Days of the week for meals:
 M T W TH F SA SU

Interpreter Services

Funding Source: I/O Local/ Levy Provider: Start date: Hours/Span

Foreign Language Interpreter - Levy Funding ONLY

Provider: Connected Language Services (ONLY) Start date: Hours/Span Language:

Contracted Services - Local Funding ONLY

Cincinnati Association For The Blind (Orientation & Mobility Assessments) Cincinnati Association For The Blind (Mobility Instruction) Beech Acres Mentoring
Start Date: Hours/Span:

Environmental Modifications and Adaptive Equipment

I/O waiver: \$10,000 per mod or per item / Level 1 waiver: total can't exceed \$7,500 per 3 year span for all mods, equipment, assistive technology equipment & meals.

Choose One:

Environmental Modifications

Adaptive Equipment

Funding Source I/O L1 L1 Emergency Funds

Provider:

Cost: Effective:

Date Home Mods/ Equip. Coord. Approved:

Modification/
Equipment
Description:

Assistive Technology

\$5,000/year for L1, I/O and SELF. Please use Remote Supports Worksheet for equipment related to Remote Supports

Funding Source: IO L1 SELF L1 Emergency Funds

Provider: Service: Equipment Consultation Support

Provider: Service: Equipment Consultation Support

Equipment
Equipment Description: Cost: Per: Effective:

Date Home Mods/Equip Coord. Approved (Not needed for RM equipment)

Consultation (\$137.44/assessment) Effective: Need Being Assessed:

Support (max 40 hrs/span) Effective: End: Hours/Span: Equip. Being Trained On:

Comment:

SSA Signature: Date: Supervisor: Date: