CDDO of Butler County

Family Support Summer Care Request

Date: _____   ☐ **Preapproval Request**   ☐ **Reimbursement Request**

Applicant Name: _____ Social Security: _____ DOB: _____

Parent/Guardian Name(s): _____

Address: _____

TCM: _____Phone: _____

Name of Care Provider: _____   Age _____

Cost of care: Preapproval: Hrs/wk _____ X Rate of Pay_____ = $_____

$_____/week X _____ #/weeks = Total of $_____

Reimbursement: Hrs _____ X Rate of Pay _____ = $_____

Time	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Parent/Guardian activity(s)
6:00 AM								
7:00 AM								
8:00 AM								
9:00 AM								
10:00 AM								
11:00 AM								
12:00 PM								
1:00 PM								
2:00 PM								
3:00 PM								
4:00 PM								
5:00 PM								
6:00 PM								
7:00 PM								
8:00 PM								
9:00 PM								

Explanation of Need:

Family Support Summer Care

NAME: _____ DOB: _____

	MONDAY Date:_____	TUESDAY Date:_____	WEDNESDAY Date:_____	THURSDAY Date:_____	FRIDAY Date:_____	SATURDAY Date:_____	SUNDAY Date:_____
Start Time							
Stop Time							

Activities of natural supports:

	MONDAY Date:_____	TUESDAY Date:_____	WEDNESDAY Date:_____	THURSDAY Date:_____	FRIDAY Date:_____	SATURDAY Date:_____	SUNDAY Date:_____
Start Time							
Stop Time							

Activities of natural supports:

	MONDAY Date:_____	TUESDAY Date:_____	WEDNESDAY Date:_____	THURSDAY Date:_____	FRIDAY Date:_____	SATURDAY Date:_____	SUNDAY Date:_____
Start Time							
Stop Time							

Activities of natural supports:

	MONDAY Date:_____	TUESDAY Date:_____	WEDNESDAY Date:_____	THURSDAY Date:_____	FRIDAY Date:_____	SATURDAY Date:_____	SUNDAY Date:_____
Start Time							
Stop Time							

Activities of natural supports:

By signing this form, I confirm I provided care to the above named individual, in the family home, while the parents were unavailable. I have reviewed this form with the family and they approve the documentation be submitted to the CDDO for review and reimbursement.

Signature of Care Provider_____Date_____