Dot YeagerSuperintendent/CEO

fcbdd.org

Administration 2879 Johnstown Rd. Columbus, OH 43219 614-475-6440

Helping people to live, learn, and work in our community

The Connector Provider Request Form

Instructions to Individual, Family Member or Guardian:

- 1. Please complete the information below to provide a brief profile of the person needing support and submit to: Joni Sparks at <u>joni.sparks@fcbdd.org</u> or 2879 Johnstown Road, Columbus, Ohio 43219.
- 2. This information will be sent to Providers, who will be asked to respond within 7 days if they would like to be considered to provide services.
- 3. On a separate email or piece of paper, please provide your name, email address and phone number for communication with *'The Connector'* staff.

Age:	Profile of Person				
Gender:					
Zip Code where person lives: _					
When are services needed (da	ys of week and Time	es)?			
What type of service is request	ted? (circle one):				-
Level 1SELF	Ю	ICF/IDD			
Do you want an Independent P	<mark>Provider (IP) or an Aç</mark>	<mark>jency l</mark>	Provider (AP) or either	? (circle one)
IP	AP		Eit	<mark>her</mark>	
Does this person need assistan	nce with (circle one)				
Medication		Yes	No		
Toileting		Yes	No		
Behavioral Support		Yes	No		
Eating		Yes	No		
Dressing		Yes	No		
Walking		Yes	No		
Wheelchair Transfers		Yes	No		
Additional Info regardin	g individual:				