



Franklin County Board of Developmental Disabilities

Helping people to live, learn and work in our community

2879 Johnstown Road • Columbus, Ohio 43219 • 614-475-6440 • www.fcbdd.org

Jed W. Morison
Superintendent/CEO



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 joni.sparks@fcbdd.org 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.

Profile of Person

Age: _____

Gender: _____

Zip Code where person lives: _____

When are services needed (days of week and times)? _____

What type of service is requested? (circle one):

Level 1 SELF IO ICF/IDD

Do you want an Independent Provider (IP) or an Agency Provider (AP) or either? (circle one)

IP AP Either

Does this person need assistance 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

On just one separate page, feel free to list any other special needs or details about this person that will be helpful for Providers to determine if they are a good match to provide services. Please do not include name of person or other personally identifiable information, as this information will be shared with many Providers.