



Date received: _____

MUSKINGUM COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

Family Assistance Program Application

Date: _____ Name of Individual: _____

Date of Birth: _____ Parent or Guardians' Name: _____

Home Phone _____ Cell Phone _____ Email _____

Address: _____ City, State, Zip: _____

Are you a County Board employee or member of the Muskingum County Board of DD? _____ Yes _____ No

If you make over \$79,763 per year taxable income, you are not eligible to participate in this program.

I hereby certify that the total family's taxable income (taxable income for the whole family unit living at this residence) (Line 6 on 1040-EZ, or Line 27 on 1040A, or Line 43 on 1040), for 2019 was below \$79,763 and have attached a copy of the completed tax return. If you do not file taxes, a copy of your Social Security award letter should be included with your completed application.

I also hereby certify that I understand that eligibility in the Family Assistance Program does not necessarily qualify me or my dependent to receive any other services from the Muskingum County Board of Developmental Disabilities.

Parent or Guardian Signature

Date

Please return this form, along with tax and/or social security information and any other requested information to the Service & Support Administrator (SSA) at the Community Services Office.
Or by mail: Family Assistance Program (FAP), 1401 Bussemer Lane, Zanesville Ohio 43701
Or by email: ahina@muskingumdd.org
Or by fax: 740-455-4183

For office use only:

Has the person been determined eligible for services by the Muskingum County Board of DD? _____ Yes _____ No

Does the person have an SSA? _____ Yes _____ No List the SSA: _____

Has the plan been updated to reflect the need for FAP? _____ Yes _____ No

Date all required documents were received: _____

Approved by Director of Community Services or Designee / Date: _____