

Medically Complex Care Consultation Program  
Family Support Selection Form

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**Family Support Funds**

Family Support funds can be used for respite or medical devices/adaptive equipment.

I choose to use my Family Support Funds for the following:

Respite

Medical Devices or Adaptive Equipment

Please provide a description of the item(s) you will purchase and the benefits to your child.

.....

Approximate Cost: \_\_\_\_\_

At this time, I have not made a decision regarding my Family Support Funds.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EI Provider Signature

\_\_\_\_\_  
Date