

# Boundless

1021 Checkrein Avenue Columbus, Ohio 43229-1106 614/844-5847 Fax 614/844-5916

## Application for Approval of Family-Chosen Provider

**Please Read and Be Aware:** The family certifies by signature that the family assumes responsibility for the health and safety needs of the individual and that the county board and Boundless shall incur no liability for respite services provided by the identified familyselected respite provider. The family may identify or utilize any person/agency to their liking for familyselected private provider services. By signature, the family acknowledges that reimbursement will be made directly to the family for this provider, in the family name for the familyselected private provider identified. For an agency provider, payment will be made directly to the agency.

**NOTE: IF THE FAMILY-SELECTED RESPITE PROVIDER IS A PRIVATE INDIVIDUAL, THEN THE INCLUDED W-9 FORM IS FOR FAMILY USE ONLY (TO BE KEPT BY THE FAMILY).**

**NOTE: IF THE FAMILY-SELECTED RESPITE PROVIDER IS AN AGENCY OR PRIVATE COMPANY, THE COMPLETED W-9 FORM IS TO BE SENT TO THE FAMILY SUPPORT DEPARTMENT WITH THIS FORM.**

Select by checkmark either a Private Provider or CTE Provider below.  
Only one (1) provider and one (1) type of provider per each form.

Private Respite Provider (PP) *OR*  Counseling, Training and Education (CTE)

**Only one must be selected by checkmark, either PP or CTE.** All information is required on both sides of this form. W-9 forms are required for new CTE providers or new company providers.

### Provider Information

(All Applicable Information must be completed)

PLEASE TYPE OR PRINT CLEARLY

Family Name Requesting Provider: \_\_\_\_\_

Family-Selected Provider Name: \_\_\_\_\_

If minor, Parent/Guardian signature: \_\_\_\_\_

Provider's Soc. Sec. #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Federal I.D # (required with W-9 form for new providers): \_\_\_\_\_

Provider's Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Work number \_\_\_\_\_

Type of Service Provided: \_\_\_\_\_

**(Over) All Applicable Information Must Be Completed**

