



TEXAS

Health and Human Services

Children with Special Health
Care Needs Services

CHILDREN WITH SPECIAL HEALTH CARE NEEDS
(CSHCN) SERVICES PROGRAM

Family Support Services Request

Family Documentation for Completed Family Support Services &
Training FSS Packet Form F

Instructions: This form must be signed **after** vehicle or home modifications are completed. The case manager may review the form with the family and have the family sign the form on a home visit, **or** may contact the family by phone to review the form. If the family is contacted by phone, the case manager indicates the family's responses and signs the form. The case manager is responsible for ensuring that the form is completed and faxed to **512-206-3988** (central office) before payment to the provider can be processed. If extra space is needed to complete this form, attach a separate sheet of paper.

Client Name:

Client ID:

Type of contact:

Home visit

Date of contact:

Phone call

Contacted person:

Relationship to client:

**Type of Family Support
Service:**

Home modification

Vehicle modification

Service Satisfaction:

I am satisfied with the completed vehicle or home modification.

I am not satisfied with the vehicle or home modification.

If unsatisfied, detail
reasons and what will
help fix the problem:

Vehicle Modification Training:

Check one of the boxes below if a vehicle modification was performed.

I received training to use the equipment.

I did not receive training or I need more training to use the equipment.

I do not need training to use the equipment.

Parent/Guardian/Adult Client Signature:

Case Manager Signature:

X _____
Original signature required in case of home visit.

X _____
Original signature required.

Date:

Date: