



**TEXAS**

Health and Human Services

Children with Special Health  
Care Needs Services

# CHILDREN WITH SPECIAL HEALTH CARE NEEDS SERVICES PROGRAM

## Family Support Services Request

### Provider Documentation for Completed Family Supports Services & Training | FSS Packet Form G

**Instructions:** Read the statements and check the appropriate box below. This form must be completed **after** vehicle or home modifications are completed and submitted with the provider’s invoice. If extra space is needed to complete this form, attach a separate sheet of paper.

Reimbursement will not be issued to the provider until the authorized home modifications pass inspection by the same inspector who performed the initial inspection. The provider’s signature means that all of the statements in the checked area are true.

#### VEHICLE MODIFICATIONS

1. Prior to providing the vehicle modifications, I measured the vehicle for adequate fit of the equipment and proper fit and use for the user.
2. The vehicle modifications were completed as authorized by the CSHCN Services Program and meet requirements set by the National Highway Traffic Safety Administration (NHTSA).
3. I provided the customer with instructions and demonstrated correct operation of the installed equipment.
4. I observed the client successfully use/operate the equipment/modification and I answered all the client’s/client’s family’s questions regarding the equipment/modification and its use.

#### HOME MODIFICATIONS

1. The home modifications were completed according to written specifications and as authorized by the CSHCN Services Program.
2. The home modifications meet current applicable building codes, Texas Accessibility Standards, and permits were obtained as needed.
3. I provided the client with instructions and demonstrated correct use/operation of the installed equipment/structural modification.
4. I observed the client successfully use/operate the equipment/modification and I answered all the client’s/client’s family’s questions regarding the equipment/modification and its use.

**Comments:**

**Provider Name:**

**Provider Signature:**

**Date:**

**Mailing Address Line 1:**

**City, State:**

**Mailing Address Line 2:**

**Zip Code:**