



Of Summit and Portage Counties  
 3869 Darrow Road, Ste 109  
 Stow, Ohio 44224  
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 TheArc@thearco.org

Semi Annual Preauthorization Form 2010  
 January through June July through December Please circle one.

Person receiving services: \_\_\_\_\_ Date submitted \_\_\_\_\_

Name: \_\_\_\_\_ Current Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Please submit to The Arc. If you need to make changes within the time period, changes MUST be submitted for approval.  
Payments will not be made unless an *Approved Preauthorization for services is on file.***

**Home Modifications/Adaptive Equipment:** (Please provide a brief description of the services you are requesting. Please use other side  
 \*Please submit specific item list/invoice/estimate and catalogue pages or other printed information for consideration by Summit DD for Adaptive Equip or Home Mods.

**Respite Services:**  
 Code key: A= Agency Provider, I=Individual Provider, F=Family Chosen Provider.

Non-traditional Respite options, C =Camps, CYO=CYO Recreational Camp, SUM=SUM FUN, IA=In Agency Respite, O=Other Please describe: \_\_\_\_\_

Code	Date	Time in /Out	Total Hours	Code	Date	Time in/out	Total Hours

Person Completing Form: \_\_\_\_\_ Relationship: \_\_\_\_\_ Total amount requested \_\_\_\_\_

Email \_\_\_\_\_ PLEASE INCLUDE E-MAIL ADDRESS FOR RAPID COMMUNICATION

FSS 003 11-2009 For use by The Arc only: Approval \_\_\_\_ Yes \_\_\_\_ No Signature \_\_\_\_\_ Date \_\_\_\_\_