TEXAS Health and Human Services

Form 2308
November 2014-E

In-Home and Family Support Program

Request for Items and Services

Applicant/Individual Name	Date

The In-Home and Family Support Program (IHFSP) is administered by the Texas Department of Aging and Disability Services (DADS). The IHFSP provides direct grant benefits to individuals with physical disabilities. The benefits are used to purchase items and services that are medically necessary and enable the individual to live independently in the community.

Part I. Requested Items or Services

Description of Item or Service Requested and/or Description of Dental Service Requested

Over-the-counter pain relief medications: Acetaminophen, Aspirin, Ibuprofen or Naproxen ☐ Yes ☐ No

Part II. To be Completed by Applicant/Individual

By signing this form, I am certifying the items or services requested are medically necessary due to functional limitations caused by my disability or disabilities.

Signature-Applicant/Individual

Date

Description of Item or Service Requested and/or Description of Dental Service Requested