

**SEDGWICK COUNTY DEVELOPMENTAL DISABILITY ORGANIZATION (SCDDO)
FAMILY SUPPORT ORDER FORM**

1. CONSUMER NAME: _____
2. PARENT/GUARDIAN NAME: _____
3. PHONE: _____

Date: _____

Please order a 3 month supply when ordering items such as diapers, wipes, nutritional supplements.

	ITEM	SIZE	AMOUNT & PACKAGE SIZE	COST ITEM
Example:	Brand name/description, such as: Huggies Swaddlers, Parent's Choice Diapers , Pediasure, iPad, Otterbox case; color, scent, flavor etc.	Boys 4T-5T, Girls 5T	72 small, 150 wipes, 12-16 oz bottles, etc	
4.				
TOTAL AMOUNT:				

Instructions:

1. Name of person who received the funding
2. Name of parent or guardian who will be picking up the items.
3. Phone for parent/guardian
4. Please list the brand name of the item(s) and description, such as color preference, flavor, scent, etc. List the size if applicable and the amount per package, such as Jumbo pack-200 ct

Please contact Operations 660-7630 / CDDOFinance@sedgwick.gov with any questions you may have.