

Medina County Board of Developmental Disabilities

DSP Workforce Support 2024

(Providers may apply for approved funds based on a first-come, first-served basis while funds are available at the discretion of the MCBDD)

Provider Name:

Date of Request:

Contact Person:

Contact Phone:

Contact Email:

Address for reimbursement checks:

***Documentation Needed: List of training completed or training certificates**

Request Type:	New Employee Hire date	DSP Name(s) (Attach additional page if necessary)	Cost	Total	Training completed date*
DSP New Hire Training per DSP) (\$500			\$	-	
			\$	-	
			\$	-	
			\$	-	
Reimbursement Request Total:			\$	-	

By signing below, I hereby attest that the information stated above is true and accurate to the best of my knowledge. Funds requested will be used only for DSP's providing ongoing services to individuals supported by MCBDD. MCBDD will request repayment of funds if it is determined that funds were distributed and not used as intended or reimbursed by another funding source.

Applicant Signature

Date

**Send completed form along with corresponding documentation to Crystal Brodzenski at cbrodzenski@mcbdd.org by the 25th of the following month.

Any questions, please contact Ed Dryer 330-725-7751 ext. 106