

Butler County Board of Developmental Disabilities

DSP Workforce Support

(Providers may apply for grants for approved funds from 9/1/21 based on a first-come, first-served basis while funds are available at the discretion of BCBDD)

Provider Name:

Date of Request:

Request Type	Reimbursement for How Many?	DSP Name(s) Attach additional page if needed	Cost	Documentation Needed
DSP New Hire Training (\$700 per DSP)				- Date hired for new employee - Training completed
DSP Annual Renewal Training (\$500 per DSP)				- Date hired - Completed Annual Training
DSP Longevity Add On* (\$900 per DSP)				- Transcript for 60 hours of coursework through DirectCourse - 2 years experience through Employment Experience form
Hotel Fee Reimbursement* (Not to exceed \$130/night)	N/A	N/A		- Receipt from hotel
OT/Half Time*	N/A	N/A		- Payroll detailing OT paid to DSPs - Provider OT Worksheet
DSP Appreciation Week (Not to exceed \$25 per DSP)		N/A		- Receipts for purchases - List of DSPs
		Reimbursement Request Total		

* Adult Day Array providers are not eligible for reimbursement for overtime, DSP temporary relocation, or DSP longevity add-on.

Contact Person: Address: Phone:

E-mail: Address to mail reimbursement check:

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 DSPs providing ongoing services to individuals supported by BCBDD. BCBDD 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

Applicant Title

Date

**Send completed form along with corresponding documentation/receipts to: providerhelpdesk@butlerdd.org **

For BCBDD Use Only

Approval Signature

Date

Amount