

Submission due by the 15th of the following month of completion

** Send completed form along with corresponding documentation/receipts to: DSPApplicants@lucasdd.org

Provider Name

Lucas County Board of Developmental Disabilities

Applicant/Provider Email

Workforce Sustainability Incentive Program

Contact Person

Address

City/State/Zip

Phone

Date of Request

Request Type	Reimbursement for How Many?	DSP/Staff Name(s) Attach additional page if needed	Cost	Documentation Needed
DSP Longevity Add-On* \$900 per DSP				-Transcript for 60 hours of coursework through DirectCourse - 2 years experience through Employment Experience Form - Agency payroll record showing payment to DSP
BCII/FBI Reimbursement				-Presentation of BCII/FBI receipt for new DSP
Enrolled Student Incentive 200 hrs completion - pmt goes directly to qualifying college			XXXXXXXXXXXX	-DSP Higher Ed Incentive Form -Payroll records showing 200 work hours -College of University quarter/semester grades
		Reimbursement Request Total		

*Adult Day/Employment Service Providers are not eligible for reimbursement for overtime or DSP longevity add-ons.

By signing below, I hereby attest that the individual 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 LUCAS DD. Lucas DD will request repayment of funds if it is determined that funds were distributed and not used as intended.

Applicant Signature

Applicant Title

Date

Lucas DD Use Only

Approval/Print Signature

Date

Amount

Form Routing: Provider Support for review/approval/purchase req - Finance Department - County Auditor for payment via Oracle