

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

\*\* Send completed form along with corresponding documentation/receipts to: DSPApplicant@lucas.org

Provider Name

# Lucas County Board of Developmental Disabilities

Applicant/Provider Email

## Workforce Sustainability Incentive Program

(Providers may apply for grants for approved funds from 3/01/2022 based on a first-come, first-served basis while funds are available at the discretion of the Lucas Co Board of DD)

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 New Hire Training \$700 per DSP				-Date Hired for New Employee -Training Completed - payroll records showing 180 days of employment
Nursing Grant for nursing services not covered by other Medicaid Programs				-Reimburse 30% of Nursing personnel costs -Payroll Records of direct employee OR -Copy of paid invoice for contracted nursing services -Copy of nursing license
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			XXXXXXXXXX	-DSP Higher Ed Incentive Form -Payroll records showing 200 work hours -College of University quarter/semester grades
OT/Half-Time*				-Payroll detailing OT paid to DSPs -Provider OT Worksheet
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