

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

Provider Name

Lucas County Board of Developmental Disabilities

Workforce Sustainability Incentive Program

Applicant/Provider Email

(Providers may apply for grants for approved funds from 03/01/2022 based on a first-come, first-serve basis while funds are available at the discretion of 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) Attached 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. |
| Enrolled Student Incentive 200 hours completion -pmt goes directly to qualifying college. | | | | -DSP Higher Ed Incentive Form -Payroll records showing 200 work hours -College or 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