

**ASHTABULA COUNTY BOARD OF DD
COMMUNITY SUPPORT SERVICES**

500 West Main Street
Geneva, OH 44041

Phone: (440) 466-7110 Fax: (440) 466-7047

**FAMILY SUPPORT SERVICES PROGRAM
CERTIFIED PROVIDER APPLICATION**

DATE: _____

PROVIDER NAME _____

PROVIDER
ADDRESS: _____

	First	Middle Initial	Last	(Maiden)
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(Last three addresses)

Street		City	State	Zip	How Long
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Street		City	State	Zip	How Long
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Street		City	State	Zip	How Long
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PROVIDER PHONE: _____

BUSINESS NAME (Occupation) _____

ADDRESS: _____

Street		City	State	Zip
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PHONE: _____ PROVIDER'S SOCIAL SECURITY NUMBER _____

Area of Service: _____ In-Home Respite _____ Out-of-Home Respite

Provider's Signature _____ Date _____

Date of last CPR certification

Date of last First Aid Certification

Expiration date for CPR

Expiration date for First Aid

I have received additional training in the following areas: _____

Please include copies of most recent First Aid and CPR certification cards.

Out-of-Home Respite

According to the state requirements for out of home respite, provider services must be conducted in an area that meets the individual's needs for housing, health, and safety.

Housing: The client must be cared for in an environment that meets local requirements for residential homes, is secure, and has adequate heating, water, and electricity. This designated area should have basic furnishings necessary for daily living including, but not limited to, a bed, chairs, table, kitchen facilities, and lighting.

Health: The client's health should be maintained through adequate hygiene, nutrition, exercise, safe behavior, medical and dental monitoring, with appropriate medications when needed. The client should receive prompt and up-to-date treatment for physical problems.

Safety: Potential dangers in the environment in which care will be given should be minimized. The client should have access to prompt, appropriate emergency services when needed, such as, police, fire, ambulance, and the crisis hotline.

I understand that my name will be included on the Ashtabula County Board of DD list of certified providers. This list will be given to families in need of a provider.

As an Ashtabula County Board of DD Certified Provider I must have up to 40 hours of training which will include, but not be limited to:

1. Supervised practicum
2. Time spent with individuals with mental retardation and/or developmental disabilities, and their families.
3. CPR
4. First Aid

Ashtabula County Board of DD will perform a criminal background check on all board certified respite providers.

I have read, understand, and completed this document to the best of my ability.

Provider's Signature

Date

This section to be filled out by parent/guardian:

PARENT/GUARDIAN NAME:

(Please Print)

PROVIDER NAME:

(Please Print)

DEPENDENT'S NAME:

(Please Print)

PARENT GUARDIAN SIGNATURE

DATE

OFFICE USE ONLY

Date(s) of completed training:

Date of initial home visit

Date of first session with client:

Comments:

Staff Signature/Title

Date