

Date _____

To whom it may concern:

Participants in the Self Direction program may be eligible for reimbursements for activities that they attend. In order to determine eligibility, the questions below must be answered.

Please answer these questions below, as well as provide a copy of the published fees of those activities. These fees can be provided in the form of a flyer, brochure, or a blank contract.

Feel free to contact the Fiscal Intermediary Department with any questions that you have.

1. Are the classes taught by staff, or run by an agency that provides OPWDD services to people with developmental disability? Yes No
2. Are the classes located on the grounds where OPWDD services for people with disabilities are normally provided? Yes No
3. Are classes open to the public? Yes No
4. Are there published fees? Yes No (please attach)
5. Are people who are not OPWDD eligible participating in the class(es)? Yes No

Name of Vendor

Address

Contact Name

Telephone

Signature of Vendor

Email

Website

Name of class requesting to be approved

****If being completed by hand, please ensure form is legible. Illegible forms will be returned****