



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

## Residential Training Roster / Reimbursement

Please complete all areas in yellow.

AGENCY NAME		AGENCY P1 NUMBER	
ATTESTED BY:		TITLE	
RESOURCE MANAGER		DATE SUBMITTED	

**Trainer Reimbursement to Agency for 40-hour DDA Residential Service Training**  
**Submit class evaluation forms with this form.**

**Student Information**

HIRE DATE	DATE COMPLETED	STUDENT NAME	INSTRUCTOR / iCODE	COMMENTS

Total number of students:		total reimbursement:	<b>\$0</b>
Class evaluation attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			

GENERAL COMMENTS

RESOURCE MANAGER'S SIGNATURE	DATE PAID
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## **DDA Core Basic Training Reimbursement Form Instructions**

**Agency Name:** Type in your agency name

**Agency Location:** This will identify what benchmark will be used. If an agency has multiple office locations enter the location type for the office where the staff person reports. In the event that a staff member works in multiple counties that include MSA, non-MSA, and/or King, they should select the county with the higher reimbursement.

**Agency ProviderOne Number:** Type in your ProviderOne Number with location code

**Attested By:** Type in the name of the signature person/administrator or designee. Completing this box is your electronic signature for this billing.

**Title:** Type in the title of the person completing the attestation.

**Resource Manager:** Enter the name of your RM.

**Date:** Enter in the date in which you are submitting this billing form.

**Student Information:** Use this section as a class roster, including the date the class was completed and the date of hire for each Student.

**Number of Students in class:** Type in the number of students in the class

**Reimbursement:** Auto-populates reimbursement total

**General Comments:** Include any pertinent information such as if a staff member did not complete all 43 hours and why.