

Delaware County Board of Developmental Disabilities Contract for Locally-funded Services Checklist for Occupational Therapy, Physical Therapy, Speech Therapy, Behavior Consultation or Psychological Services. Packets MUST include the following:

- Copy of certification issued by respective licensing/certifying board
- W9 form
- OPERS form (For Independent providers and agencies with less than 5 employees only. This form MUST have an ORIGINAL signature. Please submit via US mail or and deliver.)
- SR6 form (For Independent providers and agencies with less than 5 employees AND who have retired from the OPERS system)
- HIPAA agreement
- Provider Verification form
- Copy of driver's license, state id or other government issued id
- Copy of current MUI training (current within 12 months)
- Copy of current Individual Rights training (current within 12 months)
- Copy of current BCI background check (current within 12 months)
- Copy of current FBI background check (required for providers who have NOT lived in Ohio for the past 5 consecutive years)
- Copy of your most recent brochure or marketing information (optional)

Packets may be submitted to:

Delaware County Board of Developmental Disabilities

Attn: Cheryl Copley-Cimino, Provider Coordinator

7991 Columbus Pike

Lewis Center, OH 43035

Questions?

Cheryl Copley-Cimino, Provider Coordinator

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