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**Commitment of Support**

**Service and Support Administration/Program Management**

Please identify by signature below to be considered as one of five areas that share their best practice related to the working relationships and outcomes of Service and Support Administration and Program Management in residential and day service settings. The area may be limited to one county or multiple contiguous counties.

Area of Ohio (County/COG/Other):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* We agree hereby jointly apply for the SSA/Program Management project.
* We agree to make available our staff and our resources to assist in carrying out the focus group process.
* We understand that any expenses incurred will not be reimbursed.
* We agree to assist in making a smaller group of representatives from each of the focus groups available to assist project staff in reviewing training materials at a one day session. This session will likely involve travel.
* We agree to work with project staff to identify best practices across Ohio. Best practices will then be shared with other areas with an opportunity for duplication.
* We agree to make training materials used by each entity available for review.

Signatures/Date/Contact Information:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County Board of DD or Council of Government/Date/Street/City/ ZIP CODE/ Telephone

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Provider - Program Management/Residential Services/Date/Street/City/ ZIP CODE/ Telephone

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Provider - Program Management/Day Services/Date/Street/City/ ZIP CODE/ Telephone