Franklin County DD
Board of Developmental Disabilities

Helping people to live, learn, and work in our community

Dot Yeager
Superintendent/CEO

fcbdd.org

Administration
2879 Johnstown Rd.
Columbus, OH 43219
614-475-6440

Provider Profile Form

Instructions to Provider:

1. Please send this completed form to Joni Sparks at joni.sparks@fcbdd.org.

2. The information provided below will be sent to individuals, family members or guardians when you want to be considered to provide services for an individual.

3. The individual, family member or guardian will contact the Provider if interested in more details.

4. Please provide no more than one additional page of information for this brief profile. Additional details can be provided directly to individuals, family members or guardians, if contacted.

Name of Provider: _____ Name of Contact: _____

Address: _____

Phone Number:_____

Provider Email: _____

Provider Website, if applicable: _____

Please circle approved certification areas: HPC Transportation Adult Day Services ICF

Others (please list): _____

We are able to meet the following needs:

Medication Assistance	Yes	No
Toileting Assistance	Yes	No
Behavioral Support Assistance	Yes	No
Eating Assistance	Yes	No
Dressing Assistance	Yes	No
Walking Assistance	Yes	No
Wheel Chair Transfer Assistance	Yes	No

On just one separate page, please feel free to list any other details regarding Provider qualifications.