ITC WORKSHOP SERIES

WORKSHOP REGISTRATION

Grand Opening Session

****PLEASE REGISTER NO LATER THAN THE WEEK BEFORE WORKSHOP TO START****

Workshop Attendee First and Last Name:	
Wor	kshop Attendee Email Address:
Wor	kshop Attendee Cell phone:
CHECK CLASSES ORDERED UNDER THIS REGISTRATION	
	Walk thru the HCBS Waivers and Related Information
	Walk thru the DDA SDS Policies, Guidelines, and Manual
□ Tec	Waiver Services – Personal Supports, Respite, Community Development, IFDGS, Assistive hnology, Transportation (Independent)
□ Mod	Waiver Services – Behavior Supports, Nursing Supports, Environmental Assessment and difications, Family and Peer Mentoring, Housing Supports, and Supported Employment
	Roles and Responsibilities - DDA/Hdqrs/ROs-CCS-SB-FMCS
□ Acc	Building The Participant-Employer's TEAM – Leadership, Task Execution, and Advisory and ounting and HR Supports
□ Ses	Walk Thru the Participant-Employer's Recruitment and HR/Personnel Responsibilities – 2 sions
	Walk Thru the Participant-Employer's Accounting and Fiscal Responsibility
	Building The Participant-Employer's SDS Program – 2 Sessions
□ forn	Preparing For Initial and Renewal - Part 1 – PCP and Service Schedule and Supporting ns – 2 Sessions
	Preparing for Initial and Renewal - Part 2 – Budget and Supporting Forms – 2 Sessions
Retu	ase complete a registration form each time you register for individual or multiple workshops. urn completed forms by email to <u>clientservices@iddacoach.com</u> . Workshop confirmation Zoom link will be provided upon receipt payment.
-	ment made by Zelle/ACH (proseborosupport@iddacoach.com) or check made payable to IDDA sulting and Network LLC. See pricing and payment details at bottom of the Grand Opening Session