



# LAKE COUNTY BOARD OF DD/DEEPWOOD

## Provider Support

### PROVIDER STAFF AVAILABILITY SURVEY

1. Please enter the information below for the Provider Contact that will be coordinating staffing:

First & Last Name:

Company Name:

Work Phone:

Email Address:

2. Number of staff willing to work in a Residential Setting:

3. Locations where staff are willing to provide services (select all that apply)

Concord

Eastlake

Fairport

Kirtland

Madison

Mentor

Mentor on the Lake

Painesville

Perry

Wickliffe

Willoughby

Willoughby Hills

Willowick

Other

4. Times that staff may be available to provide services (select all that apply)

1<sup>st</sup> shift

2<sup>nd</sup> Shift

3<sup>rd</sup> Shift

Drop In Services

Other

5. How soon can staff start?:

6. Please list any further information you feel is necessary or pertinent to this process:

7. Please enter the name, position, email and phone number of the person completing this survey:

Please contact Lake County Board of DD / Deepwood Provider Support Manager with any further questions at [samantha.crookall@lakebdd.org](mailto:samantha.crookall@lakebdd.org) OR 440.350.5123

Thank you!