



# LAKE COUNTY BOARD OF DD/DEEPWOOD

## Provider Support

### PROVIDER STAFFING NEEDS 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. Best hours to reach Provider Contact:

3. Location of available staff opportunities/openings (list all sites that apply including address and number of individuals at the site)

4. Times of available staffing opportunities/openings (select all that apply)

☐ 1<sup>st</sup> shift

☐ 2<sup>nd</sup> Shift

☐ 3<sup>rd</sup> Shift

☐ Drop In Services

☐ Other

5. Please list any unique location needs (high medical needs, high behavioral health needs, etc):

6. Direct Support Professional Wage Rate Note: this information will be kept confidential. It is only being collected so that Provider Support Manager can establish a baseline for current staff compensation for future considerations

7. Is this rate negotiable? ☐ Yes ☐ No Comments:

8. Please list any further information you feel is necessary or pertinent to this process:
  
9. 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!