Exhibit A: Questionnaire

Instructions: Please complete the questionnaire below in its entirety and provide the name and contact information of the person(s) responsible for its completion. Once complete, please fill out the invoice template (Exhibit B). The invoice template must be complete and accurate in order to receive payment (please use the information in Addendum B: List of Counties and Award Amounts to complete the invoice). Please refer to the checklist on page 3 to ensure that you've provided all necessary information.

A. Contact Information for Person(s) Completing Questionnaire

1.) Name:
Email Address:
Phone Number:

2.) Name:
Email Address:
Phone Number:

B. Questionnaire

1.) Describe the steps/activities that the service coordinator takes to ensure that all eligible families have access to any needed EI service.

2.) What are the challenges/barriers to accessing any of the 17 EI services?

3.) What strategies have you tried to address these challenges/barriers?

4.) Working with your local CCC complete the following information about your local EI service providers.

EI Service	Provider Agency	Funding (POLR, CBDD, Medicaid, Private Insurance)
Assistive Technology		
Audiology Services		
Family Training, Counseling and Home Visits		
Health Services		
Medical Services		
Nursing Services		
Nutrition Services		
Occupational Therapy Services		
Physical therapy Services		
Psychological Services		
Service Coordination Services		
Sign Language and Cued Language Services		
Social Work Services		
Speech Therapy Services		
Special Instruction		
Transportation and related costs		
Vision Services		
Other:		

Checklist for Early Intervention Service Provision Data and Access to Early Intervention Services Grants

Questionnaire

- [ ] Contact Information for Questionnaire Respondents
- [ ] Completed Questionnaire

Invoice Template

- [ ] Fill in "Administrative Agent Entity Name" on top left of form
- [ ] Include "Remit to" address on top left of the form as listed in Addendum B: List of Counties and Award Amounts (if this address is incorrect please contact Tiffany Harlan at Tiffany.Harlan@dodd.ohio.gov)
- [ ] Include a State of Ohio Supplier ID Number under the remit to address
- [ ] Fill-in the "Service Location" code under the State of Ohio Supplier ID Number
- [ ] Write-in "Date of Submission" on right side of page
- [ ] Write-in "Invoice Number" on right side of page
- [ ] Select County (this will automatically populate your grant amount)
- [ ] Complete "Make Check's Payable To" and "Invoice Contact Information" at bottom of form
- [ ] Sign Invoice Template