



## SOR Employment Services Gap Funding Checklist

**This form must be completed in full in order to receive Employment Services Gap funds as part of the Ohio Department of Mental Health and Addiction Services State Opiate Response Grant.**

**This information must be completed for each agency location for which you are applying for funding:**

Name of agency:	LEGAL ORGANIZATION NAME (As Applicable)
Applicant's LEGAL NAME (First and Last)	Address of Organization (Street, City, ZIP)
Brief description of employment services provided:	Census number of SOR eligible clients for the last month:
Total Amount Requested (\$4,500 limit)	Current census of SOR eligible clients:

**By accepting SOR Employment Service Gap Funding , I agree that I will use the funds for the following costs:**

- Purchase of ancillary services such as vouchers for haircuts, bus/taxi passes, purchase of alternative transportation (e.g. bicycles, minor vehicle repairs under \$200), interview clothing, work uniforms, etc.
- Development of “clothing stock,” to be kept at the agency for individuals seeking and obtaining employment. This could include clothing, required safety equipment, hygiene and grooming items necessary for employment.
- Other \_\_\_\_\_

Please affirm compliance with the following funding requirements:

- The employment program is currently certified by OHio MHAS to provide employment support services.
- This funding will not replace any current funding allocated to pay for these services.



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- All recipients of funding will have a diagnosis of opiate use disorder, a history of opiate related overdose or a co-occurring disorder with opiate use.
- Demographic data will be collected on the recipients of the funding and submitted to Ohio MHAS monthly.
- Employment support providers support individuals participating in all forms of medication assisted treatment for opiate use disorder.
- I will comply with all federal funding restrictions for expenditures of SOR dollars.
- Funding will be used only for the participants enrolled in the organization above and only for uses described above.

APPLICANT SIGNATURE	DATE (mm/dd/yyyy)
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