



Mental Health & Recovery Services Board of Allen, Auglaize & Hardin Counties:
WE CARE AT WORK

- 14. Are you penalty rated (workers' comp.)? yes no
- 15. Do you have a third-party administrator for your workers' comp? yes no If "yes," who?
- 16. Are you or will you be enrolling in the BWC Drug-Free Safety Program (DFSP)?

Yes, we are currently enrolled	Yes, we are planning to enroll
No	Not sure

COMPLIANCE INFORMATION

- 17. Do you receive any grants or perform \$100,000 worth of work/year for the federal government?
yes no uncertain
- 18. Do you have employees mandated for drug and alcohol testing under ANY DoT administration? (e.g., Federal Aviation Admin., Federal Highway Administration [Motor Carriers])
yes no uncertain

DFWP INFORMATION

- 19. Do you currently have a drug-free workplace policy? yes no uncertain
- If yes, please attach.

STATEMENT OF INTEREST

Please explain your desire to be a part of this initiative (e.g., What do you hope to gain by participating? What do you hope to contribute to the community as a result of your participation?)

Company Officer Signature: _____ Date: _____

Only a limited number of scholarships are available.

Please return completed form and refundable \$50.00 application fee*
(payable to: MHR SB of Allen, Auglaize and Hardin Counties).

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**Refunded at the completion of the course.*