Ohio | Department of Developmental Disabilities

PROVIDER CERTIFICATION APPLICATION ADDENDUM
NUTRITION

Please carefully review and complete this form and submit all appropriate documentation.

NAME OF INDEPENDENT/AGENCY PROVIDER	
NAME OF CEO OF AGENCY PROVIDER, IF APPLICABLE	

DEFINITION OF NUTRITION SERVICES

"Nutrition" services means a nutritional assessment and intervention for individuals who are identified as being at nutritional risk. The services include development of a nutrition care plan, including appropriate means of nutrition intervention (i.e., nutrition required, feeding modality, nutrition education, and nutrition counseling). Nutrition services shall not supplant existing services provided by the Women Infants and Children (WIC) program.

☐ **Nutrition services must be provided by a dietician licensed by the State of Ohio. The licensed dietician shall provide evidence of licensure in accordance with Section 4759.06 of the Ohio Revised Code. Please check the box to indicate that the documentation is included.**

Each independent/agency applicant must initial the following to indicate your understanding and assurance to comply.

_____ The provider shall participate in the development of the individual's service plan (ISP) if requested.

_____ The provider shall perform nutritional assessments/evaluations in accordance with the ISP.

_____ The provider shall develop dietary programs, if indicated by the nutritional assessment and the ISP.

_____ The provider shall document all hands-on programming performed.

_____ The provider shall train the individual/family/guardian, professionals, paraprofessionals, direct care workers, habilitation specialists, vocational/school staff (including public personnel) as needed.

I have submitted the evidence as requested, understand the requirements, and certify that I will meet the above initialed assurances. I understand that misrepresentation or falsification of this application or any supporting documentation may result in denial or revocation of provider certification.

_____ _____

Signature of Independent Provider/Agency CEO Applicant Date

Return completed application with supporting documentation to:

Ohio Department of Developmental Disabilities
Office of Provider Certification
30 East Broad Street, 13th Floor
Columbus, Ohio 43215
1-877-289-3636

Or email Provider.Certification@dmr.state.oh.us