## **DIRECT SERVICE PROFESSIONAL (DSP)**

## **TRAINING STIPEND AGREEMENT**

Regional Center:		
Vendor Name:		
Vendor Address:		
Vendor Phone #:		
Vendor E-Mail		
Vendor Number(s):		
Service Code:		
Sub-Code:	T\$	
courses through ARCA provided to individua an approved training two courses per DSP.	A Learn, which are designed als with developmental disaby course, the DSP's employed Of the \$775, \$625 must be	Ps who complete approved training d to enhance the quality of services bilities. For each DSP that completes er will be paid \$775, not to exceed a paid as gross wages by the vendor dor for their employer related costs.
	ment amount will be paid	above, I hereby certify that \$625 of I as gross wages to the DSP who
Vendor Signature		Date
Regional Center Signa	ature	Date