



2020 OPPORTUNITY AWARD APPLICATION

Applications will be accepted no later than July 31, 2020 (no exceptions).

The 2020 Opportunity Award is based on points earned from January 1 –December 31, 2019.

To be completed by Parents/Guardians:

Name of Person with Down syndrome _____
(Please fill out one form per person with Down syndrome)

Date of Birth of Person with Down syndrome (MM/DD/YYYY) _____

Name(s) of Parent/Caretaker _____

OPPORTUNITY AWARD CHOICE:(please choose one of the following, REQUIRED):

Selected from the Pre-Approved List. List chosen Provider:

Other Request. Please list the Provider’s contact information, AND describe the requested service or product below. (You will be notified if/when request is approved).

Provider Name: _____

Provider Website or Address: _____

Provider Phone / Email: _____

Description of Request: _____

Please return this Application by email to office@mvdsa.org, by mail to the following address, no later than July 31, 2020:

MVDSA (Attn: Opportunity Awards)
8448 North Dixie Drive
Dayton, OH 45414



2020 OPPORTUNITY AWARD PROVIDER INVOICE

Provider Invoices will be accepted until December 1, 2020 (no exceptions).

To be completed by the Service Provider:

Service provided for: _____
(Name of Person with Down syndrome receiving services)

Description of service provided: _____

Total amount due: _____

A detailed billing statement must be submitted along with this Provider Invoice, including dates of service and all charges.

Make Payment Payable to: _____

Address: _____

Phone: _____

By signing this form, I, the Provider, acknowledge that all information regarding my services (including dates and charges) is accurate. I understand that any falsification of information will be prosecuted as fraud.

Signature of Provider: _____

Date: _____

Service Provider please submit invoice AND billing statement to the following address no later than December 1, 2020:

MVDSA (Attn: Opportunity Awards)
8448 North Dixie Drive
Dayton, OH 45414
Phone: 937-576-0779
Email: office@mvdsa.org



2020 OPPORTUNITY AWARD STORY

Stories will be accepted until December 1, 2020 (no exceptions).

To be completed by the Person with Down syndrome, or his/her Parent/Guardian:

Name of Person with Down syndrome: _____

Description of service provided: _____

Required: Please write a few sentences explaining the importance of this Opportunity to the individual with Down syndrome. (This story can be completed either before or after services are performed, but the story is required before MVDSA will pay a Provider Invoice).

Optional, but greatly appreciated: Please send a picture of the person with Down syndrome.

Please check one:

I grant permission for this story/picture to be published with MVDSA promotional materials, including the MVDSA newsletter, MVDSA website, and MVDSA social media pages. Only first names will be used.

I do not grant permission for this story/picture to be published with MVDSA promotional materials.

Please return this Story and (optional) picture by email to office@mvdasa.org or by mail to the following address, no later than December 1, 2020:

MVDSA (Attn: Opportunity Awards)
8448 North Dixie Drive
Dayton, OH 45414