

MHTF-DR Training Verification

Agency Name: _____

Grant Number: _____

Please check the following boxes to indicate that your agency has complied with the following:

I certify that:

- ☐ All individuals that work with the MHTF-DR grant have watched and understand the content of the **Funded Training**.

- ☐ All individuals that work with the MHTF-DR grant have watched and understand the content of the **MHTF-DR Forms Training**.

- ☐ All individuals that work with the MHTF-DR grant have watched and understand the content of the **Agency Forms Training**.

- ☐ All individuals that work with the MHTF-DR grant have read and understand the content of the MHTF-DR Desk Guide.

Signature of Agency Representative

Date

Printed Name/Title of Agency Representative