

## **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 webinar.
  
- ☐ All individuals that work with the MHTF-DR grant have watched and understand the content of the forms training webinar.
  
- ☐ 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