

NEW

Application to

Application Date ____/____/____

10-Day Integrated Healthcare Recovery Support Specialist Institute

Training City _____

Full Name: *(please provide your name as it appears in the AHCCCS system)*

First _____ M.I. _____

Last _____

Date of Birth ____/____/____

Contact Information:

Street Address _____ Apartment/Unit # _____

City _____ State _____ ZIP _____ County _____

Best Phone: (_____) _____ - _____ Cell Home Message

Email: _____

Are you **employed**? Yes No

Do you have a High School Diploma or GED? Yes No

People who are employed or do not have a HS/GED are not eligible for the training.

Are you in the **Serious Mental Illness (SMI) Category**? Yes No

Are you in the **General Mental Health/Substance Abuse (GMH/SA) Category**? Yes No

Are you currently enrolled in **AHCCCS/Title XIX/Medicaid**? Yes No

Are you currently enrolled in **Medicare**? Yes No

What **behavioral health agency** are you currently a member of:

Name of Agency: _____ County: _____

Recovery Coach _____ Phone: (_____) _____ - _____

Email: _____ Fax: (_____) _____ - _____

Become a Wellness Recovery Action Plan Facilitator Certified through the Mary Ellen Copeland Center

The Wellness Recovery Action Program® or WRAP® is a structured system for monitoring uncomfortable and distressing feeling and behaviors and, through planned responses, reducing, modifying or eliminating them. It also includes plans for responses from others when you cannot make decisions, take care of yourself or keep yourself safe. People who are using this system indicate that, by helping them feel prepared, it is working for them by helping them to feel better more often and by improving the overall quality of their life.

*I certify this information is true and correct, and I have **not** been Certified in Peer Support by another agency.*

Signature _____ Date: ___/___/___

By checking this box and typing my name above, I am electronically signing my application.

Submit Application to:

Workforce Development Program

fcm-wdp@email.arizona.edu

Work: (520) 621-1642 • Fax: (520) 626-7833

1. Completed Application.
 2. Two Letters of Character Reference
 3. One Page (100 typed words) "Why I Want to be an RSS?"
 4. Completed Community Specialty Service Agency Packet. *(To be completed by agency)*
- Specialist Agency packet is required for the Workforce Development Institute.**

Skills training (H2014-HQ) and
Self help/Peer support (H0038-HQ) will be
provided.