



Application Date ____/____/____

Application to Parent and Family Specialist Institute

Training Location _____

Full Name: *(please provide your name as it appears on legal documents)*

First _____ M.I. _____

Last _____ Date of Birth ____/____/____

Contact Information:

Street Address _____ Apartment/Unit # _____

City _____ State ____ ZIP _____ County _____

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

Email: _____

What is your gender (check one)?

- | | |
|--|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Non-Binary/Third Gender |
| <input type="checkbox"/> Male | <input type="checkbox"/> Non-Conforming |
| <input type="checkbox"/> Transgender Woman | <input type="checkbox"/> Other |
| <input type="checkbox"/> Transgender Man | <input type="checkbox"/> No Info |

Which of the following best describes you (check one)?

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other _____ |

Are you Hispanic or Latino? Yes No

Are you employed? Yes No

If yes: # hours/week _____

Do you volunteer? Yes No

If yes: # hours/week _____

What is the highest level of education you have achieved? (check one)

- | | |
|--|---|
| <input type="checkbox"/> Less than High School | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> High School/GED | <input type="checkbox"/> Bachelors |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Vocational/Trade |
| <input type="checkbox"/> AA-Junior College | <input type="checkbox"/> Other _____ |

Are you currently a Certified Recovery Support Specialist? Yes No

If yes: Agency _____ Year _____

Regarding people in your family (or chosen family) for whom you provide significant recovery support, what is their relationship to you? (Check for each person in each category)

Currently Providing Recovery Support

- Spouse
- Grandparent(s)
- Parent(s)
- Child (adult / minor)
- Grandchild (adult / minor)
- Sibling (adult / minor)
- Aunt/Uncle
- Cousin (adult / minor)
- Niece/Nephew (adult / minor)
- Other _____

Formerly Providing Recovery Support

- Spouse
- Grandparent(s)
- Parent(s)
- Child (adult / minor)
- Grandchild (adult / minor)
- Sibling (adult / minor)
- Aunt/Uncle
- Cousin (adult / minor)
- Niece/Nephew (adult / minor)
- Other _____

Do you have experience providing recovery support for a family member:

- in the Serious Mental Illness (SMI) Category? Yes No
- a child with Serious Emotional Disturbance (SED)? Yes No
- in the Substance Abuse (SA) Category? Yes No
- in the General Mental Health (GMH) Category? Yes No
- who is enrolled in Medicaid / AHCCCS/ Title XIX? Yes No
- who is enrolled in Medicare? Yes No
- who receives Arizona Long Term Care Service (ALTCS)? Yes No

How did you hear about the Parent & Family Specialist Institute?

Which of the following are reasons you are applying? (Check all that apply)

- To learn to navigate the system and advocate for a family member
- To improve my ability to support my family member's recovery
- To become employed as a Parent and Family Specialist
- Other

Do you require **special accommodations** for training? If yes, please indicate below:

Documents Needed for Completed Application:

1. Completed Application.
2. Two Letters of Character Reference
3. One Page (approx. 100 typed words) "Why I Want to be a Parent and Family Specialist?"
4. Cost of Training \$600 (Scholarships Available)

I certify this information is true and correct.

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