

# 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 (circle one)?**

- |                   |                         |
|-------------------|-------------------------|
| Female            | Non-Binary/Third Gender |
| Male              | Non-Conforming          |
| Transgender Woman | Other                   |
| Transgender Man   | No Info                 |

**Which of the following best describes you (circle one)**

- |                                  |   |
|----------------------------------|---|
| White                            | Black or African American                 |
| American Indian or Alaska Native | Native Hawaiian or Other Pacific Islander |
| Asian                            | Other                                     |

**Are you Hispanic or Latino? (circle one)**

- Yes No

**Are you employed? (circle one)**

- No Yes # hours/week \_\_\_\_

**Do you volunteer (circle one)?**

- No Yes # hours/week \_\_\_\_

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

- |                       |                  |
|-----------------------|------------------|
| Less than High School | Graduate Degree  |
| High School/GED       | Bachelors        |
| Some College          | Vocational/Trade |
| AA-Junior College     | Other _____      |

**Are you currently a Certified Recovery Support Specialist? (circle one)**

- No Yes Agency \_\_\_\_\_ Year \_\_\_\_\_

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

**Currently Providing Recovery Support**

**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 \_\_\_\_\_

- \_\_\_ 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... (circle one for each question):**

- ...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 this training? If yes, please indicate below:

\_\_\_\_\_

**Documents Needed for Completed Application:**

- Completed Application
- Two Letters of Character Reference
- One Page (approx.100 typed words) "Why I Want to be a Parent and Family Specialist?"
- 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