



**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: \_\_\_\_\_

***No length of sobriety requirements, as recovery is self-directed.***

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

***You must have an HSD/GED and be enrolled in AHCCCS to be eligible for the training.***

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

Are you currently enrolled in **AHCCCS/Title XIX/Medicaid**?  Yes  No      AHCCCS ID # \_\_\_\_\_

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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

How did you hear about the Workforce Development Program?

Another Participant/Peer     Recovery Coach     Brochure     Advertisement

What is the most important reason you are applying to the Workforce Development Program?

To gain employment as a Peer     To support my recovery     To keep my health insurance

**MARY ELLEN COPELAND'S  
WRAP SEMINAR I (Developing your own WRAP)**

The Wellness Recovery Action Plan® 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. This 2-day workshop will allow you to work one on one with individuals in completing a WRAP and is the prerequisite to the 5-day facilitator training, which will allow you to co-facilitate WRAP groups independently.

WRAP is an optional 2-day training that needs to be added to your ISP. The frequency for the Institute and WRAP needs to be 1 to 3 times a week for 6 weeks.

**Will you be attending WRAP?**  Yes  No

**Name** \_\_\_\_\_

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

\_\_\_\_\_

**Documents Needed for Completed Application:**

1. Completed Application.
2. Two Letters of Character Reference
3. One Page "Why I Want to be an RSS?" Letter
4. Demographic

**Documents Needed from Health Home:**

1. Annual Assessment with BHP Signature
  - a. Diagnosis in ICD-10 format
2. Service Plan with BHP Signature
  - a. Codes (Skills Training and Development H2014-HQ & Peer Support H0038-HQ)
  - b. Frequencies (1-5x weekly)
  - c. Diagnosis
3. Release of Information

*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

Name \_\_\_\_\_

## DEMOGRAPHIC

### 1. What is your gender?

- Man
- Woman
- Transgender Man
- Transgender Woman
- Non-Conforming
- Other (specify) \_\_\_\_\_
- Prefer not to answer

### 2. Please indicate your race: (select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Prefer not to answer

### 3. Are you Hispanic/Latino?

- Yes
- No
- Prefer not to answer

### 4. What is your highest level of education?

- Less than high school
- High School/GED
- Vocational/Technical training after high school
- Some College
- Associates (AA)
- Bachelors (BA)
- Masters (MA)
- Doctorate (PhD)
- Other (specify) \_\_\_\_\_
- Prefer not to answer

### 5. Are you currently in school?

- Yes
- No
- Prefer not to answer

### 6. Have you ever served in the US Military?

- Active Military
- Disabled Veteran
- Military Family Member
- No Active or Veteran Military Status
- Retired Veteran
- Prefer not to answer

### 7. Do you consider yourself bilingual or multilingual?

- Yes. Language(s): \_\_\_\_\_
- No
- Prefer not to answer

### 8. Where do you live?

- County: \_\_\_\_\_
- City: \_\_\_\_\_
- Prefer not to answer

### 9. What is your sexual orientation?

- Heterosexual
- Homosexual
- Other (specify) \_\_\_\_\_
- Prefer not to answer

### 10. What is your most typical means of transportation?

- Bus
- Walking
- Drive Own Car/Motorcycle
- Get A Ride
- Bicycle
- Other (specify) \_\_\_\_\_
- Prefer not to answer

### 11. Your total travel time to get to the Institute would be about how many minutes?

- (Minutes) \_\_\_\_\_
- Prefer not to answer

### 12. Disabled?

- Yes
- No
- Prefer not to answer