APPLICATION FOR CERTIFIED FAMILY SUPPORT PARTNER (CFSP) TRAINING 1/26/17

Name:	Date:
Address:	
Best phone number to reach you:	Email:
Are you at least 18 years of age? ☐ Yes ☐ No	
Highest level of education completed: ☐GED ☐High School ☐Some post-secondary education ☐Associates Degree ☐Bachelors ☐Masters ☐Doctorate ☐Other: _____ If degreed, certified or licensed, name specific field of study: _____	
Current Employment Status: ☐Unemployed ☐Part-time ☐Full-time ☐Student If employed, name of employer and your job title:	
Will you need any special accommodations for training? ☐ No ☐ Yes, Explain:	
The following questions are intended as a screening tool to assess your feasibility and preparedness for training. You will be notified by email if you are accepted into the training. If you have questions, please write to stephanie.hoffman@dhw.idaho.gov or call 208-334-6559. **Thank you for your interest in becoming a CFSP.**	
Are you the parent or adult caregiver of a child under 18 years of age who has a mental health diagnosis or have you raised a child who before the age of 18 was diagnosed with a mental health diagnosis? ☐ Yes. Number of years child has been in recovery: _____ ☐ No. If no, you are not eligible to attend this training.	
Tell us why you are interested in becoming a Certified Family Support Partner (CFSP).	
Briefly describe your impression of what a CFSP does.	
Briefly describe some of the challenges and obstacles you encountered while raising a child with a mental health diagnosis.	
Explain how you navigated child-serving systems while raising a child with a mental health diagnosis.	

Describe problem-solving techniques you utilized while working through various child-serving systems.
Describe problem-solving techniques you employed and interventions used in helping your child.
Describe the positive aspects of your child who is living with a mental health diagnosis.
Describe your child's recovery process and what has helped (e.g. services, plans).
Describe how you practice self-care and cope with the stresses of raising a child with a mental health diagnosis. Include what triggers problems for you and how you manage.
Are you willing to share your story about raising a child with a mental health diagnosis with other parents and with co-workers once you are employed as a CFSP? ☐ Yes ☐ No
Are you able to pass a criminal background check for purposes of employment? ☐ Yes ☐ No
Are you employed as any of the following types of human services professionals? a. ___ CBRS b. ___ CPSS c. ___ Case Manger d.___ Other: _____
The training is 40 hours long and you are required to attend all sessions. Is there anything that would prevent you from meeting this attendance requirement? ☐ Yes ☐ No

If you intend to become certified, you will need to apply for certification as a Certified Family Support Partner (CFSP) as long as you successfully complete the training. Certification information is found on the Department of Health and Welfare's website and will be given during the training. Do you intend to become certified and employed as a CFSP if you are accepted into the training? ☐ Yes ☐ No
Add any other information about yourself and your background that you believe would assist us in knowing you better and your qualifications to be a CFSP. (e.g. volunteer experience, life experience, advocacy work, professional experience, teamwork, your strengths)

I certify that all statements and responses to questions on this application have been answered by me and are accurate to the best of my knowledge.

_____ _____

Signature Date

This application must be accompanied by two (2) letters of recommendation, one from a professional source and the other a personal source. The letters are to include the following information:

- **Reference's name, phone number, address and email address**
- **How the individual knows you and how long he/she has known you**
- **Why the individual believes you are well-suited to become a CFSP (your strengths, abilities, personality, how you meet qualifications of a CFSP, ability to work as a team member, challenges you may face, any other skills, etc.)**
- **Signature and date of the reference letter**

Completed applications with (2) letters of recommendations are to be emailed to Stephanie Hoffman at stephanie.hoffman@dhw.idaho.gov as soon as possible and no later than February 16, 2017 by 5:00 p.m. For questions, call 208-334-6559.