Family & Community Medicine

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: (_____)_____ - _____

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 (100 typed words) "Why I Want to be an RSS?".
4. Completed Community Specialty Service Agency Packet. (*To be completed by agency*)

*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

Specialist Agency packet is required for the Workforce Development Institute.

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