

FPSW Application

Contact Information

Name: _____

Mailing Address: _____ City: _____

State/Zip: _____ Email: _____

Home Phone: (_____) _____ Cell: (_____) _____

Which phone number should we use to arrange an interview? Home Cell

Emergency Contact: _____ Phone: _____

Primary Language: _____ Fluency in other Languages: _____

Eligibility Information

Family Peer Support Workers are primary caregivers who have “lived-experience” of being actively involved in raising a child who experiences emotional, behavioral, mental health and/or substance use challenges. This includes young people with neurobiological differences as well as those diagnosed with a serious emotional disorder or substance abuse disorder. Family Peer Support Workers have experience navigating child-serving systems and have received specialized training to empower other families who are raising children with similar experiences. Specific requirements include:

- Successful completion of a 40 hour training program
- 18 years of age or older
- Valid New Mexico mailing address
- Valid New Mexico Driver’s License
- High school diploma or GED
- Parent or other family member of a child or youth who has received a diagnosis of Serious Emotional Disturbance and has received mental health and/or substance use treatment and support services.
- Ability to manage your own well being
- Parent or other family member of a child or youth who has received a diagnosis of Serious Emotional Disturbance and has received mental health and/or substance use treatment and support services, before the age of 18.

Training Participation Agreement (please initial)

_____ I will attend, be on time, and actively participate in all five days of training and understand that I cannot miss any training session for any reason.

_____ I will participate in discussions and role-plays using my personal experiences.

_____ I understand I must take the certification exam to complete certification as a CPSW.

_____ I understand that I am not guaranteed employment as a result of participating in this training.

I need the following accommodations for the training: _____

I have the following special diet needs: _____

Lived Experience

Please describe your experience parenting a child/youth with emotional, behavioral or mental health challenges. _____

Please describe any experience you have, including formal experience, providing peer services and support to others. _____

Please explain any concerns you have with sharing your personal story. _____

Please explain why you want to become a Family Peer Support Worker.

Please provide the names and contact information, and reference letters from two people who can verify your experience with your child, ie, therapist, counselor, teacher, etc.

References

Name Phone

Address City/Zip

Name Phone

Address City/Zip

Affirmation

Your signature below affirms that you read and understand what is expected of all applicants, and the information you provided is accurate. Your application will not be considered.

Signature: _____ Date: _____

Print Name: _____