

CONSUMER-DIRECTED SERVICE OPTION SUPPORT BROKER APPLICATION

SUBMIT COMPLETED APPLICATION TO:

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| <p>If you are applying to serve both children and adults, or just adults, completed applications should be sent to:</p> <p>E-mail: cdso@dhw.idaho.gov</p> <p>Mailing: DHW Regional Medicaid Services Attn: Stacey Clark 3402 Franklin Road Caldwell, ID 83605</p> <p>Phone: (208) 455-7151 Fax: 208-454-7625</p> | <p>If you are applying to service children only, completed applications should be sent to:</p> <p>Email: cdso@dhw.idaho.gov</p> <p>Mailing: DHW FACS - DD Attn: Darcy Nesor PO Box 83720 Boise, ID 83720</p> <p>Phone: (208) 334-5777 Fax: (208) 332-7331</p> |
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PLEASE NOTE: Complete all parts of the application, including the attachments requested.

An incomplete application or an application that does not clearly show the experience and/or training required will not be processed. If you have no information to enter in a section, please write N/A. You will be notified after your Support Broker Application is reviewed.

NAME AND ADDRESS

| | |
|--------------------------|--|
| Name (First, MI, Last) | Social Security Number |
| Mailing Address | |
| City, State and Zip Code | |
| Home Phone | Cell Phone |
| E-mail Address | May we use e-mail to contact you? Yes <input type="checkbox"/> No <input type="checkbox"/> |

ADDITIONAL REQUIRED INFORMATION

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|---|
| <input type="checkbox"/> A copy of my driver's license, birth certificate or other document to verify age <u>is attached</u> to verify age over 18, the minimum age to qualify to be a Support Broker. |
| <input type="checkbox"/> I have started a background check through the Department of Health and Welfare (DHW) Criminal History Unit. If I have been granted a clearance through the DHW Criminal History Unit within the last three (3) years, I have mailed an Idaho State Police Name Check Request form with a money order for \$20.00 to the applicable address on the top of this page. (see last page on this application for more information) |
| I am interested in providing Support Broker services in the following towns, cities or rural areas: |
| I am interested in providing Support Broker services to: Adults <input type="checkbox"/> Children other than my own <input type="checkbox"/> Both <input type="checkbox"/> |
| I wish to provide unpaid Support Broker services to my own minor child (or ward). <input type="checkbox"/> |
| I wish to have my contact information available on the DHW website as a qualified Support Broker <input type="checkbox"/> |

EDUCATION

Requirement: IDAPA 16.03.13.135.b *Has skills and knowledge typically gained by completing college courses or community classes or workshops that count toward a degree in the human services field.*

| | | | |
|----------------|------|----|-------------------|
| High School(s) | From | To | Did you graduate? |
| | | | |

Post-Secondary Education

| | | | |
|---|------|----|--------------------|
| College courses taken that meet the requirement above. (list all applicable courses) | From | To | Degree(s) obtained |
| | | | |
| | | | |
| | | | |

Continuing Education and Training

Please list any training, community classes or workshops attended that are relevant to developmental disabilities and/or human services

| | | | |
|----------------|---------------------------|----|-------------------|
| Class Title | Type of degree or diploma | | |
| School/Trainer | From | To | Did you graduate? |
| Class Title | Type of degree or diploma | | |
| School/Trainer | From | To | Did you graduate? |
| Class Title | Type of degree or diploma | | |
| School/Trainer | From | To | Did you graduate? |

Other

| | | | |
|--|------|----|--|
| | From | To | |
| | From | To | |
| | From | To | |

RELEVANT WORK HISTORY

List any jobs held which will illustrate at least two years verifiable experience with the population.

Requirement: IDAPA 10.03.13.135.c *Has at least two (2) years verifiable experience with the target population and knowledge of services and resources in the developmental disability field. If applicable, include parenting a child with a documented developmental disability.*

| | | | | |
|-----------|-------|------------|---|----------|
| Job Title | From | To | Hrs/Week | Employer |
| Address | Phone | Supervisor | May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Job Responsibilities

| | | | | |
|-----------|-------|------------|---|----------|
| Job Title | From | To | Hrs/Week | Employer |
| Address | Phone | Supervisor | May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Job Responsibilities

| | | | | |
|-----------|-------|------------|---|----------|
| Job Title | From | To | Hrs/Week | Employer |
| Address | Phone | Supervisor | May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Job Responsibilities

Additional relevant training, coursework, skills or knowledge

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected and, my qualification to provide services as a Support Broker may be terminated by the Department of Health and Welfare, Medicaid Division.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

DEPARTMENT OF HEALTH AND WELFARE BACKGROUND CHECK

Applicants must obtain a clearance through the Department of Health and Welfare (DHW) Criminal History Unit to become a qualified Support Broker (SB). Other background checks, such as the Department of Education background check, do not meet these criteria.

Criminal history applications and instructions are available on the DHW Criminal History Unit's web site:
www.chu.dhw.idaho.gov

Other Criminal History Unit contact information:

- Toll Free phone number (800) 340-1246 or (208) 332-7990 (Boise)
- E-mail crimhist@dhw.idaho.gov

The fee for the DHW criminal history background check is posted on their web site.

Applicants will be required to enter an Employer Identification Number (ID) - enter 1710.

If the applicant has received a DHW Criminal History Unit clearance within the last three (3) years, they may request to do an Idaho State Police (ISP) Name Check rather than a full background check. The ISP Name Check form is available on the DHW Criminal History Unit website.

In these cases, the applicant must complete the top section of the ISP Name Check application form, purchase a money order for \$20.00 made out to the Idaho State Police, and mail the application and money order to the appropriate Department address listed on page one of this document. DHW will then complete the mid-portion of the application and submit it to the Idaho State Police with the money order. All other forms of payment will not be processed.

In both cases, the DHW will notify the applicant when clearance has been obtained.

If an applicant receives a conditional denial because of disclosures made or information received by the DHW Criminal History Unit during the background check process, an exemption must be granted before the ability to receive a final background check clearance. The applicant has 14 days to request an exemption hearing.

DENIAL OF APPLICATION

If the application does not demonstrate the minimum qualifications, knowledge, skill and/or experience required of a Support Broker, a letter denying the application will be sent. The letter of denial will contain information regarding the right to appeal the Department's decision to deny the application.

Applications will be denied if the applicant does not clear the criminal history background check.

APPROVAL OF APPLICATION

If the application is approved, a letter will be sent with information regarding training and the exam. Attending the Support Broker Training is required for anyone planning to work in the children's program. Support Brokers who wish to work with only adults *are not required to take the training; however, applicants will be tested and held responsible for knowing the information contained in the training.*

The exam is designed to evaluate comprehensive understanding of the principles and practices associated with the Consumer-Direction Program, and includes information on both Family-Direction and Self-Direction. A minimum score of 70 is required on both parts of the exam to pass the exam.

You will be given information regarding training and scheduling of your exam in your application approval letter.