

Family Support Provider Training Pre-Qualification Cover Sheet

Fax to: 405-366-3802

Attn: Family Support Training

Perspective Family Support Provider

Last Name: _____

First Name: _____

Contact Phone: _____

Contact e-mail: _____

Contact Address: _____

Which Provider Agency and location? _____

Supervisor: _____

Supervisor contact: Email: _____ Phone: _____

Date Attended Wrap 101 _____

Date Rcvd _____ By: _____

Family Support Provider Qualification Document

Children's System of Care

Please mark at least 1 of the questions in this section:

Only one is needed to qualify you.

1. I affirm to be 21 years of age and have lived experience as primary caregiver of a child or youth who has received services for serious emotional disturbance, _____

OR

2. I affirm to be 21 years of age and have lived experience as the primary caregiver of a child or youth who has received services for substance use disorder and/ or co-occurring substance use and mental health; _____

OR

3. I affirm to be 21 years of age and have lived experience of being a caregiver with Child Welfare/CPS involvement experience. _____

Section 1

Qualifications of who can be a

Family Support Provider (please check all that apply)

1. Must be a parent/guardian (primary caregiver) that has lived with a child that is currently receiving or has received behavioral health services.
2. Must be or have been fully involved (primary caregiver) in the daily care of the child while assisting them in receiving appropriate behavioral/mental health services, (has legal and financial responsibility a minimum of a year, while child was receiving services)
3. Must be willing to disclose that they are a family member.
4. Must be someone who can effectively model hope and recovery
5. Must be a person that is hired by a provider agency for the position of Family Support Provider.
6. Must be over 21
7. Must have a High school diploma or General Education Diploma (GED)
8. Should have reliable transportation.
9. Must have ability necessary to engage and work with others from diverse backgrounds.
10. Willing to take and participate in the training for Family Support Providers.

Section 2

Family Relationship to be a Family Support Provider in the Children's System

To apply to take the Family Support Provider training you must be the primary caregiver of a child who is or has received behavioral/mental health services and must meet one of the following categories.

- A. A biological parent or step parent
- B. Adoptive parent/ How long? _____ or
- C. Kinship Care caregiver/step parent (Grandparent, Adult relative or
The child is my sibling Living with you for how long? _____
My niece/nephew Living with you for how long? _____
grandchild/ren Living with you for how long? _____
Step Parent living full-time with you how long? _____
- D. Foster Parent/ How long? _____

Please answer the following:

I am currently working in an Oklahoma State Health Home or Wraparound Program Behavioral/Mental Health Agency. Yes No

If yes what is your current position? _____

Is it your understanding that this is the position that you will stay in after taking this training?
Yes No

Is it your understanding that you will meet entry level qualifications for the position of Family Support Provider after this training?
Yes No

I understand that part of my job as a Family Support Provider is to share relevant parts of my story with the families I work with and my team members. The reason for this is to offer hope and understanding that persons and families who receive Behavioral/Mental Health services can successfully come through the difficulties they are facing, and that together we can inspire hope for a better life.

I further attest that I qualify for the position of Family Support Provider under the stated qualifications for that position.

Date _____

Print Name _____

Signature _____