



PARENT-PEER LEADERSHIP INSTITUTE

Parent/Family Peer Support Specialist Training Application
For Certification in Maine Behavioral Health Homes

Application Date: _____

Applicant Name: _____ Agency: _____

Mailing Address: _____

Work Phone: _____ Cell: _____ Email: _____

Supervisor Name & Email address: _____

Completion of this application/registration provides information to help determine if the applicant meets the criteria below for the parent/family peer specialist role. The applicant must be a qualified parent peer who is able/willing to articulate their lived experiences of parenting a child with emotional, developmental, behavioral, substance use or mental health concerns. The effectiveness of a Parent/Family Peer is related to their lived experience. Note: At least 3+ years of lived experience is strongly recommended for this role. (Years of parents lived experience is determined from the date their child/youth received their first mental health diagnosis to today's date and not from time of their birth) Applicants with little lived experience will find it very difficult to relate and to be able to support the parents in the Behavioral Health Home program.

- Please check ONE:
 - I have years of lived experience in the parenting role of (guardian, foster parent, grandparent, caregiver) of a child who has emotional, developmental, behavioral, substance use or mental health concerns.
 - I have years of lived experience as a parent of a child/youth with emotional, developmental, behavioral, substance use or mental health concerns.
- Number of years of lived experience: _____ (Note: years of lived experience is determined from the date their child/youth received their first mental health diagnosis to today's date and is not from time of their birth. For caregivers/foster parents or grandparents this is determined from date the child began living with you to today's date)
- I have had 3 years or more of experience navigating the child serving systems of care advocating on behalf of this child/youth (children's behavioral health, child welfare, special education or juvenile justice systems) **AND** I am able and willing to articulate and communicate the experience of parenting a child with emotional, developmental, behavioral, substance use or mental health concerns to other parents. ___Yes ___No
- I understand that after acceptance of this application, I commit to complete the three full days of training listed below: ___Yes ___No

Dates: March 22, 24 and 26th 2021 (with the 29th as an alternative snow date)
Location: Crisis and Counseling Centers, 10 Caldwell Rd, Augusta
Held from: 8:30 a.m. to 5 p.m. with 30 minute lunch on your own

Full Payment of \$375 is included in this application: ___Yes ___No
Full Payment will be submitted by first day of training: ___Yes ___No

Please return this application & payment to:
c/o Cindy Seekins, Director, G.E.A.R. Parent Network, PO Box 558, Augusta, ME 04332 For questions around qualifications or more information please call 441-7216 or 1-800-264-9224.