



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/caregiver 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.

1. Please check **ONE**:
 - I have 3+ 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 3+ years of lived experience as a parent of a child/youth with emotional, developmental, behavioral, substance use or mental health concerns.
2. Number of years of lived experience: _____ (Note: This is determined from the date a 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 one child began living with you to today's date or date they left your placement)
3. I have 3 + years of lived experience navigating the child serving systems of care advocating on behalf of my one 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
4. I understand that after acceptance of this application, I commit to complete the three full days of training listed below: ____Yes ____No

Dates: **June 20, 22 and 24th, 2022**

Location: Virtual

Held from: 8:30 a.m. to 5 p.m. with 30-60 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.