



PARENT-PEER LEADERSHIP INSTITUTE

Family Peer Support Specialist Certification Application for 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. To qualify the applicant must be a parent/caregiver who also 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 as a parent caring for their child/youth and in navigating the child serving systems of care. 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)

1. Please check ONE:

- o 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.
- o 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 home)

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 do commit to completing the three full days of training listed below: ___Yes ___No

Dates: January 27, 29 and 31, 2025 (a 3 day certification training)

Location: Zoom

Held from: 8:30 a.m. to 5 p.m. with 30 minute lunch break

Cost: \$450 per person

Full Payment of \$450 is included in this application: ___Yes ___No

Full Payment will be submitted by first day of training: ___Yes ___No

Please return this application along with payment to:

c/o Cindy Seekins, Director, G.E.A.R. Parent Network/Kennebec Behavioral Health, 10 Caldwell Rd, Augusta, ME 04332 or FAX 207-626-3453. For questions or more information call 207-441-7216 or 1-800-264-9224.