

# CAPS Application

Application for Community Autism Peer Specialist (CAPS) Training Program

Rolling Admission until December 9, 2019

All applications and required documentation must be completed  
by applicant online, by mail or delivered in person:

Attention: Katy Kaplan

Community Behavioral Health,

801 Market St, 7th Floor, Philadelphia, PA 19107

Rolling Admission until December 9, 2019

**\*\* INCOMPLETE OR LATE APPLICATIONS WILL NOT BE PROCESSED\*\***

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## Q2 What is the Community Autism Peer Specialist (CAPS) Service?

CAPS pairs an individual with autism who has completed a peer support training program with other individuals with autism to achieve personal wellness and community integration goals. Activities are chosen by the participant to build employment and/or postsecondary education and leadership skills, to live independently, care for their own health, navigate interpersonal relationships, use public transportation, engage in the community, and other areas of growth.

### **CAPS Training/Position Requirements:**

- **Lived experience:** Individuals who are 18 years of age or older with a diagnosis of autism. In this application, we will ask you to provide records of your behavioral health treatment.
- **Education/employment history:**
  - A high school diploma or GED/degree from an accredited institution.
  - Within the past three years:
    - Maintained at least 12 months of successful full or part-time paid or voluntary work experience OR
    - Obtained at least 24 credit hours of post-secondary education
- **Training program:** Individuals will complete 75 hours of training, mostly in person in a classroom setting. Some training hours will be completed in the community or online
- **Job opportunities:** Approximately ten individuals will receive training and will be eligible to apply for a paid position as a CAPS. **Employment is not guaranteed.** Program expansion may result in additional employment opportunities.

## Q3 What you need to complete this application:

- Behavioral health information: Such as copy of behavioral health evaluation, letter from clinician, discharge plan
- A copy of your high school or college diploma, or proof of GED from an accredited institution
- Your resume and/or unofficial transcripts
- Contact information for 2 professional references

Q4 Demographic Information

Legal Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Street Address \_\_\_\_\_

Apt \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_

Q5 To which gender identity do you most identify with?

- Male
- Female
- Not Listed \_\_\_\_\_
- Prefer Not to Answer

Q6 Race/ethnicity (optional). Check all that apply:

- Asian
- African American
- Continental African/African Caribbean
- Caucasian
- Latino/Hispanic
- Native American/Pacific Islander
- Other: \_\_\_\_\_

Q7 Emergency Contact Information:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Q8 \*NOTE: THIS PILOT PROGRAM IS FOLLOWING REQUIREMENTS SET BY THE STATE OF PENNSYLVANIA FOR THE CERTIFIED PEER SPECIALIST PROGRAM IN MENTAL HEALTH.**

### QUALIFICATIONS FOR TRAINING

Q9 **Behavioral Health Information:** You can choose both autism spectrum disorder and mental health, but must choose at least autism spectrum disorder.

- I personally identify as someone who has an **autism spectrum disorder**
- I personally identify as someone who is a present or past recipient of mental health services for a **Mental Illness**

Q10 \*\*\*Please provide verification of your past or present treatment for autism and/or mental health.\*\* For example: Copy of behavioral health evaluation, letter from clinician, discharge plan. If paper application, please include your verification with application.

Q11 **Educational Information:**

Name of School/Educational Program: \_\_\_\_\_

Q12 Highest Grade Completed:

- High School Graduate or GED
- Some college, vocational, trade or business school
- Associates degree or vocational graduate
- Bachelors degree
- Some graduate or professional school training
- Graduate or professional degree
- Other, please specify: \_\_\_\_\_

Q13 Graduation Date (MM/DD/YY): \_\_\_\_\_

**Q14 \*\*\*Submission of a copy of your high school or college diploma or proof of GED is required.\*\*\***

**Q15 Employment Information:** Please provide any paid or volunteer work experience that you have maintained for 12 months in the last 3 years OR any earned post-secondary education credits totaling 24 credits (need not be consecutive). If paper application, please include your resume with application.

Q16 Please upload your unofficial transcript. For employment purposes, official transcripts may be required. If paper application, please include your unofficial transcript with application.

Q17 Please provide two professional phone references. If you are reporting any paid or volunteer work experience that you have maintained for 12 months in the last 3 years, please include a supervisor as one of your professional references. Additional examples may include supervisor at an employment or volunteer setting, a former or current teacher or professor.

Phone Reference 1:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Q18 Phone Reference 2:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Q19 Do you rely on public transportation?

Yes

No. If no, what is your means of transportation? \_\_\_\_\_

Q20 Do you have a valid PA Driver's License?

Yes

No

Q21 The following questions will assist the review committee with the selection from many applicants. Please answer each question to the best of your knowledge as thoroughly as you can.

Q22 Why do you want to become a Community Autism Peer Specialist?

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Q23 What does wellness and community inclusion mean to you? What wellness tools are important in your own life?

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Q24 Peer specialists are models for others. In what ways do you demonstrate living a full and meaningful life in the community? Please provide detail about activities and interests.

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Q25 Peer Specialists are required to document the services they provide, in writing or on the computer. Describe your computer skills and experience.

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Q26 AGREEMENT

The Community Autism Peer Specialist (CAPS) Training Program is a 75 hour training scholarship opportunity. You must be present and actively participate in order to complete the training and receive the CAPS certificate of completion. In order to receive the certificate, trainees are required to attend the entire training and successfully complete all aspects of the program requirements. Attendance alone does not guarantee a certificate of completion. Applicants are applying for the May/June training session. You will be notified if you are invited to interview.

Q27 Each trainee is responsible for adjusting his/her schedule in order to attend the entire training.

**Successful completion of the training program does not guarantee employment.** While we anticipate that there will be positions opening for Community Autism Peer Specialists in the upcoming months, **participation in this training program is not a guarantee for employment.** You are responsible for applying for CAPS positions. We will also assist those

who complete the training with continuing their education.

**By signing below I acknowledge that I meet, understand and agree to all terms of this program; and that the responses to all questions on the application are my own.**

X \_\_\_\_\_

**SIGN HERE**

Q28 Applicants **not** contacted for interviews will be notified about application status by December, 2019.

Thank you for applying to CAPS. Please email or mail your application and accompanying documents to:

**Email:** [phillyap@drexel.edu](mailto:phillyap@drexel.edu)

**Mail:** Katy Kaplan,  
Community Behavioral Health (CBH)  
801 Market Street  
7<sup>th</sup> Floor  
Philadelphia, PA 19107