

# Community Autism Peer Specialist (CAPS) Training Program Application

Please note: **We will only consider complete applications.** If you need help with completing the application, have questions or concerns, or need more time to locate any required documents, please call or email the Philadelphia Autism Project and staff will assist you.

### Contact Information:

Phone: 215-571-3209

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

For more information on the CAPS Training Program, please visit

<https://www.phillyautismproject.org/peer/>

**Applications will be reviewed on a rolling basis until all slots are filled.**

### What you need to complete this application:

Lived experience information: A signed letter or other documentation from a doctor, clinician, or service provider that verifies your autism diagnosis. You do not need to submit any detailed clinical information beyond confirmation of the diagnosis. We also accept research evaluation reports, recognizing that many adults may face challenges obtaining formal diagnostic documentation.

### Demographic Information

- Legal Name \_\_\_\_\_
- Preferred Name \_\_\_\_\_
- Age \_\_\_\_\_
- Street Address \_\_\_\_\_
- Apt \_\_\_\_\_
- City \_\_\_\_\_
- State \_\_\_\_\_
- Zip \_\_\_\_\_
- Home # \_\_\_\_\_
- Cell # \_\_\_\_\_
- Email: \_\_\_\_\_

**To which gender identity do you most identify with?**

- Male
- Female
- Not listed, please specify: \_\_\_\_\_
- Prefer Not to Answer

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

- American Indian or Alaska Native
- Asian
- Black or African American
- Latino/Hispanic
- Native American or Other Pacific Islander
- White
- Not listed, please specify: \_\_\_\_\_
- I prefer not to answer this question

**Emergency Contact Information:**

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone #: \_\_\_\_\_

**How did you hear about this CAPS Training opportunity?**

\_\_\_\_\_

**\*NOTE: THE FOLLOWING QUALIFICATIONS ASK FOR SPECIFIC INFORMATION TO COMPLY WITH STATE REQUIREMENTS TO BE A CAPS.**

**QUALIFICATIONS FOR TRAINING**

**Lived Experience Information:** Peer Specialists use their personal experiences navigating supports related to their diagnoses, utilizing behavioral health services, and more to support their peers. Your information will remain confidential and will not be used against you. Please select which of the following describe your experience. You must choose Autism Spectrum Disorder to qualify for this training program. Disclosure of other conditions are optional. Do you

identify as someone with an Autism Spectrum Disorder diagnosis (including Asperger's Syndrome)?

- Yes, I personally identify as someone with an autism spectrum disorder diagnosis (including Asperger's Syndrome)
- No, I do not identify as someone with an autism spectrum disorder diagnosis (including Asperger's Syndrome)

**Lived Experience Information:** Sharing the below diagnosis information is optional. Do you identify with having any of the below diagnoses?

- I personally identify as someone with a mental health diagnosis
- I personally identify as someone with experience of Substance Use recovery
- I personally identify as someone with a physical or sensory condition

**\*\*\*Please provide documentation of an ASD diagnosis.** This information will only be used to verify your lived experience qualification to attend this training. For example: A signed letter or other documentation from a doctor, clinician, or service provider that verifies your autism diagnosis. You do not need to submit any detailed clinical information beyond confirmation of the diagnosis. Please note: We have also accepted evaluation reports.

**Do you rely on public transportation?**

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

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

- Yes
- No

**The following questions will assist the Review Committee in learning more about your interests and if they fit well with the CAPS training program. Please answer each question to the best of your knowledge and as thoroughly as you can.**

**Why do you want to become a Community Autism Peer Specialist? Include how and why you feel that you are ready and qualified to support others in a similar situation. (Minimum 100 characters required)**

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**What does wellness and community inclusion mean to you? What wellness tools are important in your own life? (Minimum 100 characters required)**

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**Peer specialists are models for others. In what ways do you demonstrate living a full and meaningful life in the community? Please provide details about activities and interests. (Minimum 100 characters required)**

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**Peer Specialists are required to document the services they provide, in writing or on the computer. Describe your computer skills and experience. (Minimum 100 characters required)**

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**We are looking to host the training in a hybrid format. Some days will be held virtually, and other days will be held in-person. Please provide any additional information, concerns, or challenges that you would like to share with us, so that we can best meet your needs.**

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## AGREEMENT

The Community Autism Peer Specialist Training Program is a 75-hour training scholarship opportunity. You must be present and actively participate to complete the training and receive the CAPS Completion Certificate. To receive the Completion Certificate, trainees are required to attend the entire training and are required to be present on and participate in all of the scheduled days. Attendance is not a guarantee of receiving the completion certificate. You will be notified if you are invited to a brief interview.

This training involves both lectures, group activities, online learning, and field observations. The group activities are a place where respect and support are very important. The trainers will utilize job shadowing, class participation, involvement in group activity, and general attendance to assess readiness to provide behavioral health services in a professional setting. In addition to providing education to trainees, there will be skill building through role play, take-home activities and sharing personal experiences. Integrity is essential to this position. If it is deemed that you are conducting yourself in an unethical way at any time during the application, interviews, or training, you will be asked to halt the training process.

Applicants not contacted for interviews will be notified about their application status. Given a high level of interest in the CAPS training and limited space availability, some applicants may be deferred to the next training cohort.

Each trainee is responsible for adjusting their schedule 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 soon, **participation in this training program is not a guarantee for employment.** You are responsible for applying for CAPS positions.

**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.**

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Signature