

Family Peer Support Specialist Training Application

Please type or print clearly. All sections must be completed for the application to be processed.

ELIGIBILITY INFORMATION

Thank you for your interest in becoming a Family Peer Support Specialist. Family Peer Support Specialists are primary caregivers who have “lived-experience” of being actively involved in raising a child who experiences emotional, behavioral, mental health and/or substance use challenges. Family Peer Support Specialist have experience navigating child-serving systems and have received specialized training to empower other families who are raising children with similar experiences. Specific requirements include:

- Successful completion of a 40-hour training program
- 18 years of age or older
- Valid Utah mailing address
- Valid Utah Driver’s License
- High school diploma or GED
- Parent or other family member of a child or youth who has received a diagnosis of Serious Emotional Disturbance and has received mental health and/or substance use treatment and support services.
- Ability to manage your own well being

DEMOGRAPHIC INFORMATION

Name: _____
Last First Middle Initial

Mailing Address: _____
Street Address
City State Zip Code County

Email: _____ Phone: _____

Emergency Contact: _____

Primary Language: _____ Secondary Languages: _____

Highest Level of Education Achieved: _____

SELF IDENTIFYING

What do you consider your race to be? (optional)

- American Indian/Alaska Native Black or African American White
 Hispanic/Latino Pacific Islander Asian Other _____

LIVED EXPERIENCE

Please type a response to the following questions on a separate sheet of paper and attach it to the application.

1. Please describe your experience parenting a child/youth with emotional, behavioral, or mental health challenges.
2. Please describe any experience you have, including formal experience, providing peer services and support to others.
3. Please explain any concerns you have with sharing your personal story.
4. Please explain why you want to become a Family Peer Support Specialist.

REFERENCES

Please provide two (2) letters of reference from two people who can verify your experience, i.e. therapist, counselor, teacher, family member, etc. and attach it to the application.

AGREEMENT & AFFIRMATION

Training Participation Agreement (please initial)

_____ I will attend, be on time, and actively participate in all five days of training and understand I cannot miss any training for any reason.

_____ I will participate in discussions and role-plays using my personal experience.

_____ I understand I must take the certification exam to complete certification as a FPSS

_____ I understand that I am not guaranteed employment as a result of participating in this training.

I need the following accommodations for this training: _____

I have the following special diet needs: _____

Your signature below affirms that you read and understand what is expected of all applicants, and the information you provided is accurate.

Signature

Date

Email completed application, letters of reference, and other attachments as specified to:

utahpeersupport@utah.gov