Form 6 - Experience Form
DHHS26133

Provider Name: _____

Instructions: *Please answer all questions. When asked to provide details of the experience, please include 1-2 paragraphs detailing the experience.*

1. Detail a minimum of two years of experience working with families and individuals with various types of disabilities.

Dates:

Where was the experience gained:

Details of the experience:

2. Detail a minimum of two years of experience providing Persons (with ID. RC or ABI) and their families with information and referral to resources that can be used by individuals with various types of disabilities living in the community.

Dates:

Where was the experience gained:

Details of the experience:

3. Detail a minimum of two years of experience developing, coordinating, and providing information and training about disabilities, rights of people with disabilities, and available resources for people with disabilities.

Dates:

Where was the experience gained:

Details of the experience:

4. Detail a minimum of two years of experience assisting individuals to understand, apply for, and maintain Social Security benefits, Medicaid benefits, Department of Workforce Services benefits, and Vocational Rehabilitation benefits.

Dates:

Where was the experience gained:

Details of the experience:

5. Detail a minimum of two years of experience assisting individuals to understand and access mental health systems and resources.

Dates:

Where was the experience gained:

Details of the experience:

6. Detail a minimum of two years of experience coaching and providing skills-building to Persons (with ID. RC or ABI) and their families.

Dates:

Where was the experience gained:

Details of the experience:

7. Do you have knowledge of Home and Community Based Services Waivers and DHHS/DSPD requirements for Persons (with ID. RC or ABI) to remain on the DHHS/DSPD wait list for services?

YES or NO

8. Do you have the capacity to provide in-person services within the regions(s) you applied for?

YES or NO

9. Do you have Staff that includes individuals with disabilities, or caregivers of family members with a disability to provide peer support services?

YES or NO