

www.familyoutreach.org

***Administrative office: Branch Offices:***

***1236 Helena Ave 1212 Helena Ave 1315 E Main 641 Sampson***

***Helena, MT 59601 Helena, MT 59601 Bozeman, MT 59715 Butte, MT 59701***

***(406) 443-3083 (406) 443-7370 (406) 587-2477 (406) 494-1242***

 ***(406) 443-3209 FAX (406)449-6062 FAX (406) 587-9526 FAX (406) 494-1979 FAX***

Thank you for inquiring about the Family Support Specialist position. Family Outreach, Inc. is a growing non-profit corporation that contracts with the State of Montana to provide home-based child and family centered education and support service in a twelve county region in Southwestern Montana. Children eligible for services are either “at risk” for developmental disabilities and between birth and eight years old, or are developmentally disabled and between birth and 21 years old. The majority of children are in the birth to eight years age range and older individuals have diagnosed intellectual disabilities.

Family Support Specialists provide support and resources to family members and caregivers based on assessed needs and family priorities through coaching model. The goal of the services is to assist family members and caregivers to enhance children’s learning and development through everyday learning opportunities. Family Support Specialists may have mixed caseloads with some adults with intellectual disabilities. Family Support Specialists provide a home based service; reliable transportation is required and travel expenses are reimbursed.

The Employment Application has two parts. The first part of the application is general information about your educational background and experience. Please fully complete this section even though the information may be contained in your VITA or resume. The second part of the application contains detailed questions about your educational and professional experiences that relate specifically to the job requirements. Please provide very clear and concise replies to the questions in this section.

The information on the Employment Application is used to screen the applicants that will be invited for an interview for the position. Again, complete the application clearly and meticulously. You will be informed regarding our interview and/or hiring decision.

Return the completed application and your VITA or resume.

Cordially,

Mike Mahoney

Director

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**FAMILY SUPPORT SPECIALIST**

Family Outreach, Inc. is an equal opportunity employer. We will not discriminate and will take affirmative action measures to ensure against discrimination in employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the bases of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

**PART I.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | NAME |       |       |       |  | DATE |       |
|  |  | LAST | FIRST | MI |  |  |  |
| 2. | ADDRESS |  | PHONE |       |
|  |  |  |  |       |
| 3. | COLLEGE/UNIVERSITY |  |
|  | a. |       |  |       |
|  |  | Name |  | Location |
|  |  |       |       |       |
|  |  | Years Attended | Degree/Field | Date of Degree |
|  | b. |       |  |       |
|  |  | Name |  | Location |
|  |  |       |       |       |
|  |  | Years Attended | Degree/Field | Date of Degree |
| 4. | Provide the names, titles, addresses, and phone numbers for three persons who can verify your knowledge and skills for this position: |
|  |  | NAME | TITLE | ADDRESS | PHONE# |
|  | a. |       |       |       |       |
|  |  |  |  |  |  |
|  | b. |       |       |       |       |
|  |  |  |  |  |  |
|  | c. |       |       |       |       |
|  |  |  |  |  |  |
| 5. | Any objections to Saturday or evening work? |       |
| 6. | Any objection to travel? |       |

EMPLOYMENT APPLICATION – FSS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATES EMPLOYED (MM/YY) | TOTAL NUMBER OF MONTHS | FIRM NAME/ADDRESS | POSITION/TITLE | DUTIES |
|       |       |       |
|       |       | PHONE NUMBER: |  | SUPERVISOR: |
|       |       |
| REASON FOR LEAVING: |
|       |
|  |  |  |  |  |
| DATES EMPLOYED (MM/YY) | TOTAL NUMBER OF MONTHS | FIRM NAME/ADDRESS | POSITION/TITLE | DUTIES |
|       |       |       |
|       |       | PHONE NUMBER: |  | SUPERVISOR: |
|       |       |
| REASON FOR LEAVING: |
|       |
|  |  |  |  |  |
| DATES EMPLOYED (MM/YY) | TOTAL NUMBER OF MONTHS | FIRM NAME/ADDRESS | POSITION/TITLE | DUTIES |
|       |       |       |
|       |       | PHONE NUMBER: |  | SUPERVISOR: |
|       |       |
| REASON FOR LEAVING: |
|       |
|  |  |  |  |  |
| DATES EMPLOYED (MM/YY) | TOTAL NUMBER OF MONTHS | FIRM NAME/ADDRESS | POSITION/TITLE | DUTIES |
|       |       |       |
|       |       | PHONE NUMBER: |  | SUPERVISOR: |
|       |       |
| REASON FOR LEAVING: |
|       |
|  |  |  |  |  |

EMPLOYMENT APPLICATION – FSS

PART II

|  |  |
| --- | --- |
| 1. | Referring to question 7 in Part 1, list below only those positions and specific duties for which you have been responsible providing supports and resources to assist family members and caregivers to enhance individual’s learning and development through everyday learning opportunities. |
| POSITION | DUTIES |
|       |       |
|       |       |
|       |       |
|       |       |
| 2. | Given that a child has delays in communication, self-help, and motor areas, what are three teaching strategies that a parent would find useful? |
|  | a. |       |
|  | b. |       |
|  | c. |       |
| 3. | Have you been responsible for training others in areas of: |  |
|  | a. | Behavior management? |  | YES |   | NO |   |
|  | If yes, describe below: |
|  |       |
|  | b. | Skill Acquisition? |  | YES |   | NO |   |
|  |  | List four examples of teaching strategies? |
|  | I |       | II |       |
|  | III |       | IV |       |
| 4. | Have you been responsible for coordinating services for families? |
|  | YES |   | NO |   |
|  | If yes, list the type of agencies/services that you most frequently coordinated: |
|  | a. |       | b. |       |
|  | c. |       | d. |       |
| 5. | Have you provided counseling to caregivers? | YES |       | NO |       |
|  | If yes, describe your counseling approach: |
|  |       |
| 6. | List two types of measurement procedures that could be used to document educational progress with children. |
|  | a. |       |
|  | b. |       |
| 8. | Have you been responsible for assessing the development and/or needs of youth? |
|  | YES |       | NO |       |
| 9. | List the developmental assessments and/or assessments. |
|  | a. |       | b. |       |
|  | c. |       | d. |       |
| 10. | Have you worked as a member of an interdisciplinary team? | YES |       | NO |       |
|  | If yes, list the disciplines with which you worked: |
|  | a. |       | b. |       | c. |       |

|  |  |
| --- | --- |
| 11. | Indicate below by using an ex (x), the number of months of experience you have had with the following: |
| **AGES** |  | **NUMBER OF MONTHS** |
|  | 0-6 | 7-12 | 13-18 | 19-24 | 25-30 | 31-36 | 37+ |
| 0 – 2  |   |   |   |   |   |   |   |
| 3 – 5  |   |   |   |   |   |   |   |
| 6 – 18  |   |   |   |   |   |   |   |
| 19 + |   |   |   |   |   |   |   |
| **SEVERITY****OF****DISABILITY** | MILD |   |   |   |   |   |   |   |
| MODERATE |   |   |   |   |   |   |   |
| SEVERE |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |
| **TYPES OF****DISABILITY** | DEVELOPMENTAL DISABLED |   |   |   |   |   |   |   |
| MENTAL HEALTH |   |   |   |   |   |   |   |
| LEARNING DISABLED/ EMOTIONAL DISTURBED |   |   |   |   |   |   |   |
| PHYSICAL DISABILITY |   |   |   |   |   |   |   |

How did you hear about this position?

**Family Outreach, Inc.**

**Reference Information and Criminal History Background Check Release**

THE FOLLOWING MAY BE RELEASED FOR INFORMATION GATHERING PURPOSES:

I have provided the names of former employers, personal references, and other individuals to Family Outreach, Inc. (the “agency”)as references. I understand the agency will be conducting reference checks, driver history checks, criminal history, Medicaid fraud, and related background checks as part of the selection process and as part of ongoing compliance and background monitoring (e.g., periodic Medicaid fraud and other background checks on current employees).

My signature below indicates that I authorize individuals whose names I have listed to provide pertinent information. I authorize these individuals to provide the agency the names of additional individuals who can provide information pertinent to my background as it relates to my potential employment with Family Outreach, Inc.

I release Family Outreach, Inc. to conduct criminal history fingerprint and /or name base background and driver history checks, to be compliant with DPHHS policies, along with monthly Medicaid Fraud checks through the State of Montana and/or any state of previous residents. I understand that the agencies to be contacted may include but are not limited to: DPHHS, US Department of Justice, and Dept. of Corrections, as well as relevant federal agencies including the Office of Inspector General, Federal, State and Local, courts, law enforcement, and Tribal governments. Employers and/or other agencies or individuals I have been in contact with. Any information obtained regarding my background will become part of a confidential personnel file.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |       |
| Name |       |  | Male [ ]  Female: [ ]  |
|  | *Please print FULL name – including middle* |  |  |
| Social Security Number:  |       | Birth Date: |       |
| Driver License Number: |       | State: |       |
| Please print any other names you have used such as nicknames or maiden names (FULL NAME) |
| *Also Knows As* | *AKA*: |       | *(if applicable)* |
|  | *AKA:* |       | *(if applicable)* |
|  | *AKA:* |       | *(if applicable)* |
|  | *AKA:* |       | *(if applicable)* |

Have you ever been investigated, arrested, or convicted of DUI, theft, neglect, abuse, assault, drug related offence, or any other acts of violence? Yes [ ]  No: [ ]

If YES, explain:

|  |
| --- |
|  |

**IF YOU FAIL TO SELF REPORT/CHANGES IN YOUR CRIMINAL HISTORY, YOU WILL NOT BE IN COMPLIANCE WITH POLICY AND THEREFORE MAY BE SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION.**