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| Name (Last, First Middle Initial)      |
| Address (Street, City, State, Zip code)      |
| Contact Info (Phone, E-Mail)      | Highest Education Level Attained Please check.[ ] High School / GED[ ] Associates [ ] Bachelors [ ] Masters [ ] Ph. D / Professional Degree[ ] Other Relevant Training:       |
| Benefits Planning Certificate Training TimelineApplicants must agree to participate in the entire program. |

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| 09/30/16 | Application Deadline |
| 10/07/16 | Participants Selection Made |
| 10/24/16 - 10/28/16 | 5-day Onsite Training |
| 10/31/16 - 11/11/16 | Study Period |
| 11/14/16 - 11/18/16 | Examination Period |
| December 2016 - February 2017 | Case Review |
| March 2017 – May 2017 | Mentoring Session(s) |

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| How will you use your certification? Please check one of the following and provide additional information, if needed. | [ ] I am employed by a Waiver Provider Agency.Agency Name:      [ ] I am employed by Company Name:       [ ] I am an independent contractor. |

Last Name, First Initial

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| After viewing materials on the website, what interests you in becoming a Certified Benefits Practitioner? (100 words or less)      |
| Have you previously worked with individuals with disabilities? Please check.[ ] Yes[ ] NoIf yes, what is your experience working with individuals with disabilities? What did you learn from this experience? (100 words or less)      |
| Are you currently working? [ ] Full-time[ ] Part-time[ ] Not currently workingHow would this training advance your career goals? (100 words or less)      |

Last Name, First Initial

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| Do you have any previous experience related to disability benefits and/or benefits planning? Please check. (Experience is not required.)[ ] Yes[ ] NoPlease check any of the following that you have experience with:[ ] Supplemental Security Income[ ] Social Security Disability Insurance[ ] Medicaid/QUEST[ ] Medicare[ ] Housing[ ] Supplemental Nutrition Assistance Program [ ] Temporary Assistance for Needy Families[ ] Wage ReportingPlease describe your previous experience related to disability benefits and/or benefits planning. (100 words or less)      |
| After completing the training, how would you apply your knowledge in providing benefits planning? (100 words or less)      |

Last Name, First Initial

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| Please describe how you define work incentives and benefits planning? (100 words or less)      |

Thank you for your application.

For more information, please visit www.hireabilitieshawaii.org/ddd-training

Question? Please contact us at 808-956-9529, or email us at hireabilitieshawaii@gmail.com