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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 Timeline  Applicants must agree to participate in the entire program. | |  |  | | --- | --- | | 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) | |
| 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  No  If 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 working  How 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  No  Please 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 Reporting  Please 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](mailto:hireabilitieshawaii@gmail.com)