

SUPPORT BROKER APPLICATION

PLEASE READ ALL OF THIS APPLICATION PRIOR TO COMPLETING.

Complete all parts of the application. An incomplete application or an application that does not clearly show the experience and/or training required will not be accepted. If you have no information to enter in a section, please write N/A.

Do not submit resumes.

Name and Address	
Name (First, MI, Last)	Social Security Number
Mailing Address	
City, State and Zip Code	
Home Phone	Cell Phone:
E-mail Address	May we use e-mail to contact you? Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Information
<input type="checkbox"/> I certify that I am 18 years of age or older. Please attach a copy of driver's license, birth certificate or other document to verify age. The minimum age to qualify to be a Support Broker is 18.
<input type="checkbox"/> I understand that I must pass a criminal history background check for the Developmental Disabilities Program in order to be employed as a qualified support broker.
I am interested in providing support broker services to participants in the following towns, cities or rural areas: (Please write in the towns, cities and rural areas you want to serve): _____ _____ _____
I am interested in providing support broker services to: Adults <input type="checkbox"/> Children <input type="checkbox"/> or Both <input type="checkbox"/>
I am interested in providing unpaid broker services to my family member <input type="checkbox"/>

Requirement: <i>Has skills and knowledge typically gained by completing college courses or community classes or workshops that count toward a degree in the human services field.</i>			
Education			
Completion of a high school diploma or GED is required for approval			
High School	From	To	Did you graduate?
Post-Secondary Education			
Please list all formal post-secondary training you have received. Formal Post-secondary education in developmental disabilities services is not a requirement for approval.			
College Coursework	From	To	Did you obtain a degree?
Continuing Education and Training			
Please list any training, community classes or workshops attended that are related to the provision of developmental disabilities and/or human services			
Class Title			
School/Trainer	From	To	Did you graduate/receive certificate?
Class Title			
School/Trainer	From	To	Did you graduate/receive certificate?
Class Title			
School/Trainer	From	To	Did you graduate/receive certificate?
Class Title			
School/Trainer	From	To	Did you graduate/receive certificate?
Other Training and Education May Apply			
Please list any other training or certifications you consider relevant below.			
Subject	From	To	Description

Requirement: *Has at least two (2) years verifiable experience providing care or assistance with persons with disabilities and knowledge of services and resources in the developmental disability field.*

Relevant Experience				
List any experience you have which will illustrate at least two years verifiable paid or unpaid experience with persons with developmental disabilities. (this can include parenting, care of a relative, volunteer experience, internships, or direct support to persons who have disabilities.)				
Job Title	From	To	Hrs/Week	Employer
Address	Phone	Supervisor	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Responsibilities				
Job Title	From	To	Hrs/Week	Employer
Address	Phone	Supervisor	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Responsibilities				
Job Title	From	To	Hrs/Week	Employer
Address	Phone	Supervisor	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Responsibilities				
Job Title	From	To	Hrs/Week	Employer
Address	Phone	Supervisor	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Responsibilities				

Other Relevant Experience			
EXPERIENCE	From	To	DESCRIPTION
	From	To	
	From	To	
	From	To	
	From	To	
	From	To	
	From	To	

Additional relevant skills or knowledge
Describe any other information you may feel is relevant to meeting the criteria for Support Broker

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected and, if my qualification to provide services as a Support Broker may be terminated by the Department of Health and Welfare, Medicaid Division.

Signature	Date
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Submit completed application to:

**Kathleen Zeeck, Training Manager
Developmental Disabilities Program
Montana Department of Public Health and Human Services
111 Sanders, Rm 305
PO Box 4210
Helena, MT 59604
406-444-6952
FAX -406-444-0230
kzeeck@mt.gov**

Applications may be submitted via e-mail or in hard copy. Signed copies of this application and requested attachments may be scanned and e-mailed as an attachment to the Self-Directed Services Coordinator at the e-mail address above.

ELECTRONIC SIGNATURES

All persons submitting documents electronically must have a hard copy of their signature on file with the DDP for auditing purposes. Hard copies of signatures will be obtained for Support Brokers when training is completed. If you do not attend training you will be required to provide a witnessed hard copy of your signature to the Self-Directed Services Coordinator at the above address.

The Developmental Disabilities Program will notify you after your Support Broker Application is reviewed.

APPROVAL OF APPLICATION

If your application is approved, you will be sent an acceptance letter that will include information regarding training and the qualifying Support Broker Exam. This exam is designed to evaluate your comprehensive understanding of the principles and practices associated with Self-Direction. A minimum score of 80 is required to pass the exam.

DENIAL OF APPLICATION

If your application does not demonstrate that you possess the minimum qualifications, knowledge, skill and/or experience required of a Support Broker, you will be sent a letter denying your application.

BACKGROUND CHECK CLEARANCE

To be employed as a Support Broker you must complete a Criminal Background check. You cannot receive payment as a Support Broker unless you have passed the Criminal Background check.

Criminal history clearance may require approximately two weeks for completion.

ADDITIONAL INFORMATION

Questions? Contact:

**Kathleen Zeeck, Training Manager
Developmental Disabilities Program
Montana Department of Public Health and Human Services
111 Sanders, Rm 305
PO Box 4210
Helena, MT 59604
406-444-6952
FAX -406-444-0230
kzeeck@mt.gov**

Additional information will also be found under Support Broker Information listed under the Self-Direction heading in the left-hand column of the DDP website:

www.dphhs.mt.gov/dsd/ddp.