

SDMI Life Coach Application and Requirements

Name of applicant: _____ Date: _____

Phone: _____ Mailing address: _____

Agency: _____

Locations where my services are available _____

I, _____ am applying for the certification to provide Life Coach services to Members of the SDMI waiver program and I agree to the following requirements and expectations, verified by my initials, and signature.

____ I am 18 years of age or older.

____ I agree to sign an affidavit regarding confidentiality and HIPPA.

____ I attest I am able to communicate effectively with the Member/Personal Representative.

____ I will demonstrate to the member specific competencies necessary to complete paid tasks.

____ I will complete a self-declaration regarding infections and contagious diseases.

____ I agree to a state criminal background check.

____ I attest that I possess a validate driver's license and proof of automobile liability insurance if transporting the Member.

____ I will demonstrate knowledge of how to report abuse, neglect and exploitation and sign an affidavit regarding agreement to report all instances of suspected abuse, neglect, or exploitation.

____ I will advocate for the member to assure that the member's needs and preferences are honored.

____ I will complete 8 hours of Mental Health Training annually.

_____ I will complete an interview in person or in a virtual setting with the state officer who conducts my interview.

_____ I will submit a complete Resume, which includes all relevant previous paid work experience, dates of employment, name of employers, contact information, and any special achievements, I can include volunteer experience on my resume if there is someone who can verify my participation. I can also include demonstratable relevant life experience which reveals my abilities to effectively provide services.

_____ I attest that I have read and understand the Life Coach policy.

_____ I attest I will utilize SMART GOALS in the provision of services I provide, and will verify progress with these goals in my reports to the Case Management team as required.

_____ I verify that the following approach, methodology, or principles will be used to deliver paid services:

Signature of Applicant

Submit this completed application here,

or email the completed application form to HHSAMDDGeneralInfo@mt.gov for consideration.