



Family Support Specialist Assistant Certification Application

Early Childhood Services Bureau (ECSB)
Early Childhood and Family Support Division (ECFSD)
Montana Department of Public Health and Human Services (DPHHS)
State of Montana

Instructions:

Read and follow the instructions when applying for Certification as a Family Support Specialist Assistant (FSSA). Three parts are required for submission and presented below in a checklist format. Montana Milestones staff will review each application.

Part I – Education and Credentials

- Complete sections A-C.
- Provide an Appendix II form to confirm that you successfully completed a high school diploma or equivalent. *See instructions below in Part II – this form also verifies employment.*
- Include a copy of any license or certificate which will help support your application.

Part II – Employment History

- Complete Appendix I form for your *current* position with a Montana Milestones contractor.
- Fill out Appendix I forms for any past work experience relevant to working with families and/or children, especially any experience related to working with children with disabilities.
- Provide an Appendix II form for verification of employment with a Montana Milestones Contractor. *This is the same form referenced in Part I; only one submission is required.*

Part III – Letters of Recommendation

- Request and submit two letters of recommendation from individuals with knowledge of your work experience and skills in this field.

Send all application materials to:

partchelp@mt.gov

or

**Montana Milestones
Early Childhood and Family Support Division
PO Box 4210
Helena, MT 59620-4210**



FSSA Certification Application

Applicant Information

Applicant's Name	
Home	Work
Street Address	Street Address
Phone	Phone

Part I – Education and Credentials

A. Education and Training

List all education and training relevant to this application.

Name of School or Training Site	Degree/Training Received	Graduation/Completion Year

B. Certification or Licensure

Using the boxes below, describe any certification or other qualification relevant to Family Support Specialist Assistant Certification.

Have you possessed relevant certification currently or in the past? If yes, what:

Do you have other qualifications relevant to this certification?



C. Training and Supervision Plan

Include a plan that outlines weekly (minimum requirement) instruction and supervision time from a comprehensively certified FSS. The plan will also need to include training opportunities. Instruction and supervision should include observations, time to review and discuss observations and/or notes, worksheets, program plans, records and documents, and problem-solving activities.

****Please work with the agency to ensure the plan is feasible.****

Part II – Employment History

Complete Appendix I for any work experience you have that is relevant for working with families and/or children, especially related to working with children with disabilities. Always include an Appendix I form for your current position with a Montana Milestones contractor. If you list other relevant work experience in your application or if your reference letters mention additional relevant positions, we will request an Appendix I form for those roles if they are not already provided.

PART III – LETTERS OF RECOMMENDATION

To the applicant: Provide the wording below when requesting a letter of recommendation. Your letters of recommendation can be submitted directly to the address below or submitted with your other application materials:

partchelp@mt.gov

Subject: *Applicant name - Letter of Recommendation*

Or

Montana Milestones

Early Childhood and Family Support Division

PO Box 4210

Helena, MT 59620-4210

To the Writer: The person requesting a letter of recommendation is an applicant for Certification by the State of Montana as a Family Support Specialist Assistant to provide early intervention services such as family training/coaching and service coordination. Your letter of recommendation should address your direct knowledge of the applicant's knowledge, skills, and work experiences relevant to providing these services to children with disabilities and their families. Thank you for your consideration.



Appendix I

Employer		
Phone		
Supervisor		
Dates of Employment		
Position Title		
Full-time		Part-time
Did/does the work performed for this employer take place in an early intervention setting?		
Yes	No	Unsure
How often does/did the position require you to provide direct services to children with disabilities and their families?		
Never	Occasionally	Routinely
How often did/does the position require you to gather assessment information about children's skills and behaviors?		
Never	Occasionally	Routinely
How often did/does the position require you to gather assessment information about families' concerns, wants, priorities, and resources?		
Never	Occasionally	Routinely
How often did/does the position require you to develop Individualized Family Service Plans with families?		
Never	Occasionally	Routinely
How often did/does the position require you to plan intervention strategies or other educational activities within the daily routine with children and families?		
Never	Occasionally	Routinely
How often did/does the position require you to implement intervention programs and services with children with disabilities?		
Never	Occasionally	Routinely
How often did/does the position require you to provide direct services <i>by yourself</i> to children with disabilities and their families?		
Never	Occasionally	Routinely
How often did/does the position require you to provide direct services <i>as a part of a team</i> to children with disabilities and their families?		
Never	Occasionally	Routinely



Instructions: The previous section addressed duties specific to early intervention. Please complete this section to provide additional context for this position.

List other major job duties (may or may not be related to early intervention):

(example: supervising staff, managing budgets, coordinating community outreach)

Briefly summarize the nature of your position in narrative form OR attach your position description:

(example: This position oversees program compliance, manages staff schedules, and ensures adherence to state regulations)



Appendix II

Name of Applicant _____

To employer: Please have the direct supervisor or a member of the human resources team complete this section. This attestation can be submitted as part of the complete application.

I attest, to the best of my knowledge, that the named applicant has achieved a high school degree or equivalent and is currently employed as a Family Support Specialist Assistant by the agency named below.

Name of hiring agency:
Date of hire:
Printed name of individual completing attestation and title:

Signature of individual completing attestation _____

Important: Appendix II serves as both education and employment verification. Only one complete form is required.