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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 Agree to Participate in the Entire Program |

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| 09/30/16 | Application Deadline |
| 10/07/16 | Participants Selection Made |
| 10/31/16 - 11/04/16 | 5-day Onsite Training |
| 11/07/16 - 11/11/16 | Study Period |
| 11/14/16 - 11/18/16 | Examination Period |
| December 2016 | Case Review |
| January 2017 – June 2017 | Apprenticeship Period |

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Last Name, First Initial

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| Why Do You Want To Be Certified In Benefits Planning? (100 Words Or Less)      |
| Have You Previously Worked With People With Disabilities, or Do You Have Any Experience With Disability? (Please Check)[ ] Yes[ ] NoIf Yes, What Is Your Experience With Disability/Working With People 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? [ ] 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)      |
| Once Trained, Do You Wish To Provide Benefits Planning Services To People With Disabilities?[ ] Yes[ ] NoIf Yes, Please Describe How You Wish To Provide Benefits Planning Services To People With Disabilities, and How Often. (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/dvr-training

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