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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 Agree to Participate in the Entire Program | |  |  | | --- | --- | | 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 | | |

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  No  If 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 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?  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) |
| Once Trained, Do You Wish To Provide Benefits Planning Services To People With Disabilities?  Yes  No  If 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](mailto:hireabilitieshawaii@gmail.com)