Dear Respite Provider Candidate,

Thank you for your interest in becoming a respite provider for the NAMI Maine Family Respite Program. Once approved you will become a per diem employee of the National Alliance on Mental Illness of Maine (NAMI Maine). You will be able to work up to 29 hours per week providing respite services.

**Please use the chart on the third page of this application to help you complete all the steps required for your application.**

Please return all forms to the NAMI Maine address below. Do not send the Child Protective Request form to DHHS and do not send $15. We require background checks on you and any other adult (18 or over) living in your home. We cover the costs for all background checks.

A brief phone interview is conducted as part of the respite provider application process. A regional manager will contact you to set up the interview.

Once we have received and reviewed your completed application and background checks, a decision will be made. If approved, you will be required to attend a NAMI Maine employment orientation. This orientation takes approximately two hours and it is a great way to get an overview of NAMI Maine and the Family Respite Program. Upon approval, you can schedule your orientation with your Regional Respite Manager.

We are here to help. Please do not hesitate to call or email me with any questions you may have about the application process. I can be reached at 622-5767 ext. 2314 or chelsay@namimaine.org.

Again, thank you for your interest in the Family Respite Program and NAMI Maine.

Sincerely,

Chelsay Evans
Respite Application Specialist

_NAMI Maine programs are supported by the federal government, the Maine Department of Health and Human Services, private foundations, and individual contributions._

52 Water Street, Hallowell, ME 04347
Helpline: (800) 464-5767 | Phone: (207) 622-5767 | Fax: (207) 621-8430 | www.namimaine.org
Job Posting: Family Respite Provider – NAMI Maine Family Respite Program

Position Type: Per Diem, up to, but no more than 29 hours per week

Reports To: Regional Manager, NAMI Maine

Hourly Rate: $11.00 or $13.25 per hour depending on qualifications

Schedule: Flexible, 0- 29 Hours/Wk., based on family needs, provider availability, geographic compatibility

Job Locations: Statewide opportunities

Methods of Application: Mail, Email or Fax

Job Description: Respite providers support family caregivers or guardians who are caring for children with disabilities who have qualified for respite services by providing a temporary, planned break from care giving so that parents or guardians may run errands, recreate or simply get a breather from providing care. Respite providers may be qualified as professional educators, service providers or use life experiences to meet certification requirements. Respite Providers may care for children and assist respite families by providing a planned temporary break. Relatives, friends, neighbors or other individuals familiar with the needs of the child may qualify to provide respite care. Providers must be current in CPR, First Aid, Blood Borne Pathogens, and Mandated Reporting. All providers must complete an all day course in Youth Mental Health First Aid within 6 months of employment. Care may be provided in the family’s home, the provider's home, or community settings as defined by the families' needs. Work hours are not guaranteed.

Education and Qualifications: A NAMI Maine Respite Provider must be at least 18 years old. Applicants should have experience working with children with disabilities or personal experience with a specific family raising a child with special needs. All respite providers are required to be certified as a respite provider based on the Respite Care Certification guidelines found on our website. Additional skills may also include: understanding of the complex needs of families with children who have disabilities, good communication skills and the ability to manage difficult behaviors and care for children who are medically fragile. Providers must be able to work independently. A familiarity with mental health, child welfare and service delivery systems is helpful. All qualified applicants shall receive consideration for employment without regard to race, sex (including pregnancy and gender identity), paternal status, age, ethnicity, sexual orientation, religious belief, national origin, color, veteran status, political affiliation, or physical or mentally handicapping conditions.

FMI Contact: Chelsay Evans, Respite Application Specialist

Phone: (207) 622-5767 x 2314 Email: chelsay@namimaine.org

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52 Water Street, Hallowell, ME 04347
Helpline: (800) 464-5767 | Phone: (207) 622-5767 | Fax: (207) 621-8430 | www.namimaine.org
**FAMILY RESPITE PROVIDER APPLICATION CHECKLIST**
Use this checklist to help you complete your application.

<table>
<thead>
<tr>
<th>✓</th>
<th>Application Requirements</th>
<th>Details and Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You must be at least 18 years old</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have a High School Diploma or GED</td>
<td></td>
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<tr>
<td></td>
<td>Fill out and sign the NAMI Maine Family Respite Provider Application</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provide documentation of 30 hours or more of child related education and pass the online Respite For Me test</td>
<td>Behavioral Health Professional certification or equivalent academic courses or degree</td>
</tr>
<tr>
<td></td>
<td>Provide two (2) references</td>
<td>Use forms provided in application</td>
</tr>
<tr>
<td></td>
<td>You must be certified in First Aid/CPR and Blood Borne Pathogens</td>
<td>Provide current certification or obtain certification online from sites on NAMI Maine website. We will reimburse up to $50 of the cost for these certifications.</td>
</tr>
<tr>
<td></td>
<td>Provide work history or resume</td>
<td>Send in with application</td>
</tr>
<tr>
<td></td>
<td>Participate in a brief phone interview</td>
<td>Your regional manager will contact you once your application is complete</td>
</tr>
<tr>
<td></td>
<td>Agree to background checks on you and all household members 18 or over. NAMI Maine conducts child protective, criminal, motor vehicle, and sex offender background checks.</td>
<td>Submit signed permission forms for you and all household members 18 or older. NAMI Maine covers all costs of background checks.</td>
</tr>
</tbody>
</table>
Mail your completed application to:

NAMI Maine Family Respite Program
ATTN: Chelsay
52 Water Street
Hallowell, Maine 04347

OR

Fax to 207-621-8430

OR

Scan and Email to chelsay@namimaine.org

If you have any questions about the application process contact Chelsay Evans, NAMI Maine Respite Application Specialist.

1-800-464-5767 or 622-5767 x 2314
chelsay@namimaine.org

No application will be approved until all requirements of the application process are complete.

Once we have received all the required application information please allow 2 weeks for your completed application to be processed and considered for approval.

NAMI Maine reserves the right to decline to move forward in the hiring process of any applicant.
NAMI MAINE FAMILY RESPITE PROVIDER (PER DIEM) APPLICATION

PERSONAL INFORMATION

Name ________________________________________________________________

Mailing Address _____________________________________________________

City/State/Zip ______________________________________________________

Physical Address (if different from mailing address) ________________________

City/State/Zip ______________________________________________________

Home Phone ________________________________________________________

Cell ________________________________________________________________

Email (Required) ____________________________________________________

1. Have you ever worked as a respite provider?   ☐ Yes   ☐ No
2. Has a respite family asked you to become their respite provider?    ☐ Yes   ☐ No
   If yes, please provide name of family ________________________________

3. How did you learn about this position? ______________________________

4. A brief phone interview is part of the application process. When is a good time for us to contact you? ________________________________

EDUCATION/TRAINING/WORK HISTORY

Applicants must provide documentation that they have a minimum of thirty (30) hours of training/education related to working with children/children with special needs. This may be provided in the following way.

1) Submit copies of certificates, diplomas, credentials, etc. that demonstrate a minimum of thirty (30) hours of training/education related to working with children/children with special needs.

2) In addition to the above, please provide a copy of your resume or work history.
ADDITIONAL REQUIREMENTS

1. **Two references.** References must be provided using the reference forms are included in this application packet. Please sign the reference forms before giving to the individuals who will be providing the references.

2. **Current certifications in First Aid, Blood Borne Pathogens (BBP) and CPR.**
   If you are not currently certified in these three areas you will find online resources for training on our website at www.namimaine.org

3. **Proof of training in mandated reporting.** Provide current certificate or go to http://www.maine.gov/dhhs/ocfs/documents/MandatedReporterOnline_JUN2017.pdf to obtain certification and send in your certificate upon completion.

ADDITIONAL INFORMATION (optional)

In the space provided please share any educational, work or personal experiences you have that you feel are relevant to becoming a respite provider. You may use additional paper if necessary.
BACKGROUND CHECKS REQUIREMENT

*NAMI Maine conducts background checks on all respite provider applicants as well as on every member of the applicant’s household who are age eighteen (18) and older.*

This includes criminal, motor vehicle, child protective services and the national sex offender registry.

*Applicants with a substantiated case of child abuse or neglect, crimes against children or other offenses towards a vulnerable population will not be considered for employment.*

BACKGROUND CHECKS PERMISSION FORMS (Part 1)

APPLICANT PERMISSION FOR BACKGROUND CHECKS

I understand that NAMI Maine will conduct criminal, child protective services, motor vehicle and sex offender backgrounds checks on me and other members of my household eighteen (18) and older as part of the application process to become a certified respite provider. I understand that a separate permission form must be completed and signed by each individual in my household age eighteen and older in order to carry out the required background checks.

I am providing the following information on myself to allow the required background checks to be carried out.

Applicant Name ____________________________________________________________

Date of Birth ______________________________________________________________

Social Security Number ______________________________________________________

Driver’s License Number/State ______________________________________________

How many individuals age 18 and older live in your household? ________________

I give my permission for NAMI Maine to carry out criminal, child protective services, motor vehicle and sex offender background checks on me.

Signed ____________________________ Date __________________

NAMI Maine Family Respite Program Respite Provider Application Packet REV 10-19
**HOUSEHOLD MEMBERS**

Please list the names and relationship of each person age 18 and older who lives with you. **Each of these individuals is required to fill out and sign a background check permission form and a Child Protective Services Abuse and Neglect Release Form.**

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
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<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

☐ Check here if there are no individuals in your household age 18 or older.

**HOUSEHOLD MEMBERS AGE 18 AND OLDER**

All individuals age 18 and older who live in the same household as the applicant are required to have background checks. Please have each household member complete a permission form below.

**HOUSEHOLD MEMBER PERMISSION FORM**

I understand that NAMI Maine requires criminal, child protective services, motor vehicle, and sex offender backgrounds checks on all individuals age eighteen (18) and older who live in the same household as a NAMI Maine Family Respite Provider or Provider Applicant as part of the application process to become a certified respite provider.

I am providing the following information on myself to allow the required background checks to be carried out.

Print Name ____________________________________________

Date of Birth ____________________________________________

Social Security Number____________________________________

Driver's License Number/State______________________________

I give my permission for NAMI Maine to carry out criminal, child protective services, motor vehicle and sex offender background checks on me.

Signed ____________________________  Date ____________________
HOUSEHOLD MEMBER PERMISSION FORM

I understand that NAMI Maine requires criminal, child protective services, motor vehicle and sex offender backgrounds checks on all individuals age eighteen (18) and older who live in the same household as a NAMI Maine Family Respite Provider or Provider Applicant as part of the application process to become a certified respite provider.

I am providing the following information on myself to allow the required background checks to be carried out.

Print Name  
Date of Birth  
Social Security Number  
Driver’s License Number/State  

I give my permission for NAMI Maine to carry out criminal, child protective services, motor vehicle and sex offender background checks on me.

Signed  Date  

HOUSEHOLD MEMBER PERMISSION FORM

I understand that NAMI Maine requires criminal, child protective services, motor vehicle and sex offender backgrounds checks on all individuals age eighteen (18) and older who live in the same household as a NAMI Maine Family Respite Provider or Provider Applicant as part of the application process to become a certified respite provider.

I am providing the following information on myself to allow the required background checks to be carried out.

Print Name  
Date of Birth  
Social Security Number  
Driver’s License Number/State  

I give my permission for NAMI Maine to carry out criminal, child protective services, motor vehicle and sex offender background checks on me.

Signed  Date  
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I am providing the following information on myself to allow the required background checks to be carried out.

Print Name ____________________________________________________________

Date of Birth ____________________________

Social Security Number__________________________________________________

Driver’s License Number/State____________________________________________

I give my permission for NAMI Maine to carry out criminal, child protective services and motor vehicle background checks on me.

Signed ____________________________ Date ____________________________

HOUSEHOLD MEMBER PERMISSION FORM

I understand that NAMI Maine requires criminal, child protective services, motor vehicle and sex offender backgrounds checks on all individuals age eighteen (18) and older who live in the same household as a NAMI Maine Family Respite Provider or Provider Applicant as part of the application process to become a certified respite provider.

I am providing the following information on myself to allow the required background checks to be carried out.

Print Name ____________________________________________________________

Date of Birth __________________________________________________________

Social Security Number__________________________________________________

Driver’s License Number/State____________________________________________

I give my permission for NAMI Maine to carry out criminal, child protective services, motor vehicle and sex offender background checks on me.

Signed ____________________________ Date ____________________________
BACKGROUND CHECKS PERMISSION FORMS (Part 2)

Maine DHHS Child Abuse and Neglect Record Search Request Instructions

1. A Child Protective Services check is required as part of the application process for becoming an approved Family Respite Provider for the NAMI Maine Family Respite Program.

2. The applicant and each individual in the household who is age 18 or older needs to sign a separate release form.

3. If there is any substantiated history by Maine DHHS as an abuser of a child, the applicant will be automatically disqualified from being approved as a NAMI Maine Family Respite Provider.

4. If anyone in the household has a substantiated history of child abuse or neglect with the Maine DHHS, the applicant will automatically be disqualified from providing respite services in his or her home. This will not necessarily disqualify the applicant from being approved as a NAMI Maine Family Respite Provider.

5. Do not mail this form to DHHS. Please return completed forms to:

   Mail:
   NAMI Maine
   ATTN: Respite
   52 Water Street
   Hallowell, ME 04347

   Email: respite@namimaine.org

   Fax: 207-621-8430

6. Do not send in any money. NAMI Maine pays all fees associated with this background check.

If you have any questions about completing the Child Protective Services Release Form, please contact the Family Respite Program at 1-800-464-5767.
AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION

Agency/Provider to receive this information:  
Jenna Mehnert, MSW / NAMI Maine Executive Director  
NAMI Maine  
52 Water St.  
Hallowell, ME  04330

Agency ID#:  635

I, ________________________________, authorize the Maine Department of Health and Human Services to release (Please print clearly) confidential information to the above agency regarding whether I have been involved in a substantiated Maine Child Protective Services case and the nature of that involvement.

I understand that:

- o This release may be revoked by me in writing at any time, except for information that has already been released.  For details contact Child Protective Intake at 1-800-452-1999 x2.
- o Disclosure will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by me or the Department.
- o I may make a statement for the Department’s record regarding the findings about me and any actions taken by me at that time or later to deal with the problems identified.  Such statement becomes case record information for this or any other requests or authorizations for disclosure.  For details, contact Child Protective Intake 1-800-452-1999 x2.
- o This information will be used as part of the above agency’s assessment of my suitability to provide services for children and families they serve.
- o This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- o This release will expire upon the disclosure of the information as authorized.
- o The fee for this process is $15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine.

PLEASE DO NOT LEAVE ANY SPACES BLANK

DATE OF BIRTH: ___________________ ALIASES (including maiden): ________________________________

SIGNATURE: ________________________________ DATE: ____________________

MAINE ADDRESS: __________________________________________________________________________

RESULT BELOW (To be completed by DHHS):

As of ______________, this person was NOT INVOLVED in a substantiated Maine Child Protective Services case.

DHHS, OCFS, Child Protective Intake Staff

IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT
AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION

Agency/Provider to receive this information: Jenna Mehnert, MSW / NAMI Maine Executive Director
NAMI Maine
52 Water St.
Hallowell, ME 04330

Agency ID#: 635

I, ____________________________, authorize the Maine Department of Health and Human Services to release confidential information to the above agency regarding whether I have been involved in a substantiated Maine Child Protective Services case and the nature of that involvement.

I understand that:

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SIGNATURE: ____________________________ DATE: ____________________________

MAINE ADDRESS: ____________________________

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SIGNATURE: __________________________________________________________ DATE: ____________________________

MAINE ADDRESS: ____________________________________________________________

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DHHS, OCFS, Child Protective Intake Staff

IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT

 Updated 2019
AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION

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SIGNATURE: ___________________________________________ DATE: ______________________________

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DHHS, OCFS, Child Protective Intake Staff

IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT

Child Protective Intake 1-800-452-1999x2, TTY Users: Dial 711(Maine Relay)
Family Respite Program Provider Application Reference Form

Fill out this portion of the reference form before giving it to the person providing the reference.

Print Applicant Name ____________________________________________

Signature ___________________________ Date ________________

The above individual is applying to become a Respite Provider for the NAMI Maine Family Respite Program. Respite providers provide parents/caregivers of children with disabilities a much needed break by caring for their children. Please take a few minutes to answer the following eight (8) questions.

1. How long have you known this person?

2. In what capacity have you known this person? (e.g. supervisor, coworker, or employer)?

3. How would you describe this person’s ability to care for the daily needs of children?

4. How does this person react to changing plans and schedules, and adapting to the needs of others?
5. How would you describe his or her problem-solving abilities?

6. What personal characteristics does this person possess that contributes to his or her success with children?

7. If you were the parent of a child with developmental or emotional/behavioral disabilities, why would you want this person as a caregiver?

8. Would you recommend that this person provide care for children with developmental or emotional/behavioral disabilities in his or her home? Why or why not?

Your name _________________________________ Phone _____________________

Your Title or Position _______________________ Company ___________________

Address ___________________________________________________________________

Signature __________________________________________________________________
Family Respite Program Provider Application Reference Form

Fill out this portion of the reference form before giving it to the person providing the reference.

Print Applicant Name ______________________________________________________

Signature ___________________________ Date _____________________

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Your name ____________________________ Phone ____________________________

Your Title or Position ____________________________ Company ____________________________

Address __________________________________________________________

Signature __________________________________________________________