|  |  |
| --- | --- |
|  | **Application to Be a Mentor for Medicaid Agencies with Employment Endorsement** |

 **Instructions**

**Please read before beginning the application.**This application is for Medicaid-Enrolled Provider Agencies (Provider Agencies) that are interested in mentoring other Medicaid-Enrolled Provider Agencies with an Employment Endorsement (Employment Provider Agencies) that are seeking technical assistance for specific services or specialties. If approved, the Provider Agency providing the mentoring services will be compensated at a rate of $75 per hour. The Office of Developmental Disabilities Services (ODDS) must receive a signed application with the necessary paperwork no later than March 15, 2019. **ODDS will reject any incomplete or illegible applications.**

The purpose of this application is to help ODDS determine that a Provider Agency has the expertise to become a mentor and be paid at a rate of $75 per hour. As the Provider Agency completes this application it should provide all relevant information that helps prove it has the expertise on the specialty/services that it wants to mentor. It is important that the Provider Agency is thorough while completing the application.

Applications will be reviewed within 30 business days upon receipt of the application. Provider Agencies will be informed via email as to whether the application was approved or denied.

**Requirement to Be a Mentor**

* Application and supporting documentation submitted to EmploymentTraining.Review@dhsoha.state.or.us no later than March 15, 2019.
* Application and supporting document must prove that the Provider Agency has expertise on any of the following topics:
	+ Discovery, Job Coaching Program, Job Development, Job Development Program, Business Operations, Business Budgeting, Rule Compliance, Behavioral Support, Protocol Development or other types of services and/or specialties.

**Applications must include:**

* Resume(s) of staff that will be delivering the mentoring service.
* If requesting to provide mentoring on a specific program or specialty, the documentation on the success of the program or specialty must be provided.
* If requesting to provide mentoring on business budgeting, program management or business operations then documentation proving the Provider Agency’s success as a business must be provided.

Application to Provide Mentoring Services

**Date:** Click or tap to enter a date.

**Agency Name:** Click or tap here to enter text. **Email Address:** Click or tap here to enter text.

**Primary Business Address:** Click or tap here to enter text. **City:** Click or tap here to enter text.

**Zip Code:** Click or tap here to enter text.

**How far are you willing to travel to provide mentoring services and/or which counties are you willing to serve:** Click or tap here to enter text.

**Are you willing to host mentees at your primary business address?** [ ]  Yes [ ]  No

**Please check the services/specialties that you want to mentor:**

[ ]  Discovery [ ]  Job Development [ ]  Job Development Program or Model [ ]  Rule Compliance

[ ]  Business Operations [ ]  Business Budgeting/Finances [ ]  Job Coach Program or Model

[ ]  Protocol Development [ ]  Behavior Support [ ] Other: Click or tap here to enter text.

**Please describe your expertise and previous training experience, if any, on the specialties/services you want to mentor:**

Click or tap here to enter text.

**Please provide a list of supporting documentation including staff certifications that you are providing with this application:**

Click or tap here to enter text.

**Name of staff who will be providing the mentoring service(s):**

Click or tap here to enter text.

 **Did you attach the resume(s) of the staff who are directly providing the mentoring service(s) as the application will be unable to processed without this documentation:** [ ]  Yes [ ]  No

**Agency Signature:**

**Printed name and Job Title:**

ODDS Review

**Application Approved?** [ ]  Yes [ ]  No

**Application Approved with the following limitations?** [ ]  Yes [ ]  No

**Description of Limitations:** Click or tap here to enter text.

**ODDS Signature:**