



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.

1 Bangor Street, Augusta, ME 04330
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: \$10 or \$12.50 per hour depending on qualifications

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

Job Locations: Statewide opportunities

Number of Openings: Numerous

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 caregiving 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 and Blood Borne Pathogens. 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 at www.respiteforME.com. 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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FAMILY RESPITE PROVIDER APPLICATION CHECKLIST
 Use this checklist to help you complete your application.

✓	Application Requirements	Details and Instructions
	You must be at least 18 Years Old	
	Have a minimum of a high school diploma or GED	
	Fill out and sign the NAMI Maine Family Respite Provider Application	
	30 Hours of child-related education or the equivalent OR If you do not have 30 Hours of child related education or the equivalent, you will be contacted and asked to complete the Respite for Me online Modules.	Behavioral Specialist I Certification OR Behavioral Health Professional Certification OR Acceptable combination of child-related formal training, seminar hours and academic courses
	Provide NAMI Maine with two (2) References	Please use the NAMI Maine forms provided in this packet
	You must be certified in CPR/First Aid/Blood Borne Pathogens (BBP)	If you are not already certified, there are several online resources for becoming certified. Check out your choices using the following link. http://www.respiteforme.com/104-links.html Provide us with a receipt for the cost of the classes and, once approved, we will reimburse you for the cost (up to \$50).
	Provide a copy of either your work history or resume	Send this in with your application
	Participate in a brief phone interview	A Regional Respite Manager will contact you to conduct this interview.

<p>Complete mandated reporter training</p>	<p>If you already have mandated reporter training, you must provide proof (certificate, letter from instructor, etc.) OR Obtain training by completing the Maine DHHS online mandated reporter training available here: https://www1.maine.gov/dhhs/ocfs/cps/mandated_reporter_training/ (send in your certificate upon completion) OR Obtain training through other approved mandated reporter training and provide proof of training upon completion.</p>
<p>Acceptable Background Checks We require Child Protective Services, Maine Motor Vehicle and Maine State Bureau of Investigation background checks. Background checks are required for all individuals age 18 and older who live in your household.</p>	<p>NAMI Maine pays all costs related to the background checks. The background checks are done by NAMI Maine. Make sure you include signed forms for yourself and each household member age 18 or older.</p>
<p>Send your completed application to: NAMI Maine Family Respite Program ATTN: Chelsay 1 Bangor Street Augusta, Maine 04330 OR Fax 207-621-8430 OR Scan and Email to chelsay@namimaine.org</p>	
<p>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</p>	
<p>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.</p>	



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 www.respiteforme.com. Please submit copies of your certifications.
3. **Proof of training in mandated reporting.** This can be in the form of a certificate or official letter from the instructor. If no proof is available, use will need to complete the Maine DHHS online mandated reporter training available here: https://www1.maine.gov/dhhs/ocfs/cps/mandated_reporter_training/ or obtain certification through other approved mandated reporter training. (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 and child protective services. 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.

- 1. Have you ever been investigated for abuse, neglect or exploitation of a minor or vulnerable adult? Yes No
- 2. Do you have a criminal record? Yes No
- 3. Have you had any motor vehicle accidents, convictions or violations within the past 5 years? Yes No
- 4. Has your driver’s license ever been revoked or suspended? Yes No

You will be contacted for additional information if you answered yes to any of the above questions.

BACKGROUNDCHECKS PERMISSION FORMS (Part 1)

APPLICANT PERMISSION FOR BACKGROUND CHECKS

I understand that NAMI Maine will conduct criminal, child protective services and motor vehicle 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 and motor vehicle background checks on me.

Signed _____ Date _____

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.

NAME	RELATIONSHIP
1.	
2.	
3.	
4.	
5.	

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 and motor vehicle 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 and motor vehicle background checks on me.

Signed _____ Date _____

HOUSEHOLD MEMBER PERMISSION FORM

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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

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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 and motor vehicle 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 and motor vehicle background checks on me.

Signed _____ Date _____

HOUSEHOLD MEMBER PERMISSION FORM

I understand that NAMI Maine requires criminal, child protective services and motor vehicle 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 and motor vehicle 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:

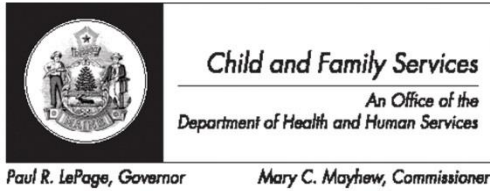
NAMI Maine
ATTN: Respite
1 Bangor Street
Augusta, ME 04330

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.



Department of Health and Human Services
Child and Family Services
2 Anthony Avenue
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Fax: (207) 287-5282
TTY Users: Dial 711 (Maine Relay)

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

Agency/Provider to receive this information:

Agency ID#: **635**

**Jenna Mehnert, MSW / NAMI Maine Executive Director
NAMI Maine
1 Bangor Street
Augusta, ME 04330**

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:

- 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.
- 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.
- 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.
- 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.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- 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



Child and Family Services
An Office of the
 Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
 Child and Family Services
 2 Anthony Avenue
 11 State House Station
 Augusta, Maine 04333-0011
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Agency/Provider to receive this information:

Agency ID#: 635

**Jenna Mehnert, MSW / NAMI Maine Executive Director
 NAMI Maine
 1 Bangor Street
 Augusta, ME 04330**

I, _____, authorize the Maine Department of Health and Human Services to release
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I understand that:

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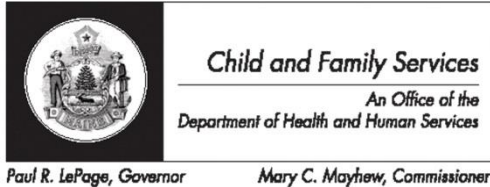
DATE OF BIRTH: _____ **ALIASES (including maiden):** _____

SIGNATURE: _____ **DATE:** _____

MAINE ADDRESS: _____

<p><u>RESULT BELOW (To be completed by DHHS):</u></p> <p>As of _____, this person was NOT INVOLVED in a substantiated Maine Child Protective Services case.</p> <p>_____</p> <p>DHHS, OCFS, Child Protective Intake Staff</p>
--

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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

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MAINE ADDRESS:

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 DHHS, OCFS, Child Protective Intake Staff

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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 _____