Date Rec’d at Region V: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Sent to Funding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Sent to CFAC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date CFAC Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Region V Systems**

**Consumer/Family Advisory Committee**

**(CFAC)**

**Funding Application for Certification Testing for Peer Support Specialists**

**General Information**

Title of Project**: Nebraska Certification Testing for Peer Support Specialists**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip, County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Amount Requested for this Application: $100.00**

Project Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

\*\*A signature is required prior to review by the Funding Committee\*\*

**The following signatures may not be required due to COVID-19:**

Regional Consumer Specialist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Funding Committee Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Regional Administrator/Designee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Submit completed application to one of the following:

**E-mail** **Mail or drop off**

[**CFAC@region5systems.net**](mailto:CFAC@region5systems.net) CFAC Funding Committee

**Subject Line:** Region V Systems

**Funding Committee** 1645 ‘N’ Street

Lincoln, NE 68508

**Fax**: 402-441-4335

**Funding Application Narrative**

The following questions will help the committee determine whether the application will be approved.

**\*\*This application only applies to the Nebraska Certification of Peer Support Specialists testing cost of $100.00.\*\***

If the person is working as a Peer Support Specialist, does the agency they are working for require this certification? If so, will their agency pay for this?

[ ] Yes [ ] No Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the person asked for their agency to pay for this?

[ ] Yes [ ] No

If the person is a paid employee, can they pay for the testing?

[ ] Yes [ ] No

If the person is not a paid employee, do they volunteer their time as a peer support specialist for an agency?

[ ] Yes [ ] No Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the person is not employed, do they plan to become employed as a Certified Peer Support Specialists?

[ ] Yes [ ] No

Have you received an e-mail informing you that you are ready for testing? (If so include with this application).

[ ] Yes [ ] No

If you haven’t received an e-mail informing you that you are ready for testing the following web link contains more information about the pre-testing procedure.

<https://appengine.egov.com/apps/ne/Certified_Peer_Support_Specialist_Certification>

Once certified would you attend the monthly Peer to Peer group that meets at Region 5 Systems?

[ ] Yes [ ] No

Why do I want to become a Certified Peer Support Specialist?

**\*\*The CFAC will not pay for retesting if the individual does not pass the first time\*\***

**Applicant must reside and work in Region 5.**

**E-mail** **Mail or drop off**

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