

**Region V Systems
Consumer/Family Advisory Committee
(CFAC)
Funding Application for Certification Testing
for Peer Support Specialists**

Date Rec'd at Region V:
Date Entered:
Date Sent to Funding:
Date Sent to CFAC:
Date CFAC Approved:

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: \$125.00

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
CFAC@region5systems.net
Subject Line:
Funding Committee

Mail or drop off
CFAC Funding Committee
Region V Systems
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 \$125.00.****

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://dhhs.ne.gov/Pages/Peer-Support-Training-Completed-after-January-1-2019.aspx>

Once certified would you attend monthly Co-Reflection at Wellbeing Initiative, Inc? It is held in person or via Zoom every 2nd and 4th Wednesday from 2 pm-3 pm.

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.**