



Application Training to Become a Support Service Provider

- DBLWS must receive applications by July 24, 2020 at 4 p.m.
- Applications must be completed in full.
- Incomplete applications will not be considered.
- Submitting an application does not guarantee acceptance to the training.

Date

Applicant: Contact Information

Name

Address

County of Residence

Email

Primary Phone Number

Phone Videophone TTY

Applicant: Communication

What is your primary language? Select one.

- ☐ English
- ☐ American Sign Language
- ☐ Other

What languages are you fluent in using? Select all that apply.

- ☐ English
- ☐ American Sign Language
- ☐ Other

Your Experience as a Support Service Provider

Have you participated in a SSP training? ☐ YES ☐ NO

If yes, please list the date, training sponsor and summarize the training. If applicable, please include supporting documentation.

Interests & Experiences

What interests you in working with individuals who are deafblind?

How has your work/education/personal experience prepared you for working as a SSP?

Please describe a strength that you have which pertains to working as a SSP?

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Please describe your experiences with completing an organizations' required paperwork (i.e. invoices, forms, work orders) and/or required trainings.

Information needed for the SSP Training

Do you have food allergies or food restrictions? If yes, please explain.

Do you need a reasonable accommodation to fully participate in the training? (I.E. CART, interpreter, Braille, large print, FM System).

Questions:

Sharon Behun

Director of Program Development & Expansion & Supervisor of DeafBlind Living Well Services

717-731-1900 extension 224

717-255-0069 videophone

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Submit applications by E-mail or mail

Sharon Behun

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CILCP

Attention: Sharon Behun

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