



# Center for Independent Living of Central PA

Your **LIVING WELL**  
With A Disability Provider &  
Advocacy Organization

## 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?**

**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

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**Submit applications by E-mail or mail**

Sharon Behun

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CILCP

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