



Complete Application & email to KJobi@ResourceTraining.org or
Fax to 718-871-7433 Attn: Jobi

DOH Health Workforce Retraining Initiative CASAC Program Intake Form

Date of Application Submission: ___/___/___

This initiative will provide the 350-hour education training program, the \$100.00 to OASAS for the CASAC application fee. In addition, under this initiative, we offer free preparation test upon completion of the educational portion. Schedules will be announced.

Please fill out the entire application. Most questions are “statistically” related for future funding information.

Name: _____

Address: _____ City _____ State _____ Zip _____

Cell Phone: _____ Home: (____) _____ Email _____

This initiative is for the 350-hour CASAC (Credentialed Alcohol and Substance Abuse Counselor) education course ONLY.

If accepted, I will attend the: (Check One)

Brooklyn: ___ Day Program Staten Island: ___ Evening Program
 ___ Evening Program

(Office ONLY)

Date of Intake Interview: ___/___/___

Training Start Date: ___/___/___ Completion Date: ___/___/___

Student File ID#: _____

How did you hear about this program?

My Agency Referral _____
Friend _____ Co-worker _____
Other (Specify) _____

General Information

2. Gender: Male ___ Female ___ Choice _____ 3. Birth date: ___/___/___ 4. Age: _____

5. Ethnicity:
___ African American
___ Latino
___ Asian
___ Caucasian
___ Other (Specify) _____

6. Marital Status:
___ Married
___ Never married, living with partner
___ Never married, not living with partner
___ Separated
___ Divorced
___ Widowed

7. What is your first language?

- 1. English
- 2. Spanish
- 3. Other (Specify): _____

8. Are you a United States Citizen? ___ Yes ___ No (If YES, skip to question #9)

- a. In what country were you born? _____
- b. How many years have you lived in the United States? _____

General Employment History

9. Are you employed now? ___ Yes ___ No **9.5 Have you EVER worked in the healthcare field?** ___ Yes ___ No

Is this/was this an OASAS or OMH licensed facility? ___ Yes ___ No

Agency: _____ How long at this agency? _____

Agency Address: _____ City/State/Zip _____ Phone: _____

Job Title _____ Supervisor _____

Wages: _____ per _____ (hour, day, week, month, year)

Do you receive employee Health Benefits? ___ Yes ___ No

Education & Credential Specific

10. Highest education completed: *The Department of Health contract is specifically designed for participants who are in need of the full 350-hour education requirement. Therefore, if the applicant has a Masters Degree with any applicable education hours, they will not be accepted into this program.*

- ___ High school diploma
- ___ GED
- ___ Some college/vocational
- ___ College degree (Degree/s is : _____)
- ___ More than college

11. Do you have any other applicable CASAC hours? ___ Yes ___ No (if NO then skip to question #12)

If YES, please note this initiative is for those need the entire 350-hour curriculum from TRTC. Hours from other sources will not be honored under THIS initiative.

Legal / Alcohol/Substance

12. Do you have a felony past or present? Yes No If YES, the charge? _____

a. If YES, were you incarcerated? Yes No If YES, how much time did you serve? _____

b. Are you currently on probation or parole? Yes No

POI: Your CASAC application will not be processed without a signed Criminal Background Check Consent Form.

Alcohol/Substance Issues

13. Do you have a history of drug or problem alcohol use? Yes No

14. Are you currently in a treatment program (Including Outpatient)? Yes No (If YES, where): _____

15. Have you ever been in a substance use treatment program? Yes No (If YES, where): _____

16. Have long you been out of the treatment program? _____ Do you have a completion certificate? Yes No

ALL ANSWERS ARE PROTECTED UNDER CONFIDENTIALITY LAWS.

Physical Health

In case of any emergencies that may affect your ability to attend the course OR other health issues that may arise during the course, we need to ask these questions in order to assist you or if needed, call an ambulance. If the medical or mental illness/condition/disease will have no impact on your ability to attend this training, then fill in N/A.

17. Do you have any medical issues that you are currently being treated for? Yes No NA

If YES, please specify: _____

18. Do you have any health issues that may affect your ability to attend the training? Yes No

If YES, please specify: _____

Mental Health

19. Have you ever been hospitalized for any psychiatric issues? Yes No NA

20. Do you have a history of any other mental health issues? Yes No NA

21. Are you currently receiving outside therapy or counseling? Yes No NA

22. Were you ever a victim of abuse or domestic violence? Yes No NA

Please give 2 specific reasons why you are interested in attending this 350-hour CASAC course?

1.

2.

If accepted, you may not change the program location or time frame of your training. All students will receive an orientation, student policy and procedures, and must contract to complete all hours within the time frame of this program.

I have read, understand and responded to all questions on this application.

Print Name _____ Signature _____

TRTC Staff Signature: _____ Date: _____

STAFF ONLY:

Is the applicant ACCES Eligible? Yes No

The applicant is currently or has previously worked in the health care field and is therefore eligible for the HWRI Grant. Yes No