

Family Peer Advocate Credential Application Traditional Version

Thank you for your interest in applying for the Family Peer Advocate Credential. We hope you share our excitement about this very important milestone in the history of family peer support in New York State!

Before you begin, please read the Information for FPA Credential Applicants FAQ located on the FTNYS website. This will help you determine if you are eligible to apply and give you a better understanding of the requirements and the process.

Please visit the FTNYS website and sign up for the FTNYS listserv to receive up-to-date announcements about training, credentialing and other opportunities for continued professional development.

If you have any questions, please feel free to contact us at fpacredential@ftnys.org.

The FTNYS Credentialing Team

Family Peer Advocate (FPA) Credential Application Instructions

General Instructions

- ✓ Before you begin filling out the application, review the requirements to be sure you are eligible to apply.
- ✓ Please use blue or black ink and PRINT neatly. The reviewers will be grateful for your help with this!
- ✓ Be sure you have the current copy of the application packet.
- ✓ A copy of the application is on our website at www.ftnys.org if you need an extra copy.
- ✓ Please print your full name in every one of these boxes; it helps us if pages get separated.

Applicant's Full Name: *Your name here*

- ✓ Use the application checklist to be sure you complete every section and include all forms. Please do not submit your application until it is complete and has all the required signatures.
- ✓ Mail the original to FTNYS and **KEEP A COMPLETE COPY FOR YOUR RECORDS.** We cannot be responsible for lost applications.
- ✓ **EVERYTHING NEEDS TO BE ONE-SIDED**
- ✓ If you are sending us certificates, don't send originals; copies are fine.
- ✓ No faxed or emailed applications will be accepted.
- ✓ When we receive your application we will send you a confirmation email within a week. If you don't receive a confirmation email, please contact us.
- ✓ Once your application is complete, it will take 4-6 weeks to review.

Section 1: Contact Information

- Please complete this section with your contact information.
- If you are not currently employed by an agency, you can leave the work contact information section blank.
- If you do not have an email address you will need to create an email account to use for this purpose as we communicate with you primarily by email. There are a number of free email programs on-line.
- Your name will be published in an on-line directory of credentialed Family Peer Advocates
- We will add your email to the FTNYS listserv.
- Please carefully write your name exactly as you wish it to appear on your certificate. Unless otherwise indicated, we will mail your certificate to your home mailing address.

Section 2: Parent Empowerment Program (PEP) Training

- Successful completion of PEP Training is required for a Professional FPA Credential.
- Submit a copy of your PEP Training Certificate. Please contact us if you cannot find your certificate.
- If you have not taken PEP and you are registered for an upcoming PEP Training, please indicate which training.
- If you need PEP Training, please complete the PEP Training Registration Form. Be sure to fill out the form that corresponds to the region and dates of the training you want to attend. You can find the form and instructions on the FTNYS website. Please include a copy of your registration with your application. This is how we will know you are interested.
- If you have not yet completed PEP Training, you may still qualify for a temporary Provisional FPA Credential. See the Information for Applicants FAQ for more information on this.

Section 3: Proof of Age

- Credential applicants must submit proof that they are 18 years of age or older at the time of application. A copy of a license, birth certificate or passport can be used.

Section 4: Resume

- Please include a current copy of your resume with your application. There is no required format, but it should include all of the usual elements of a standard resume. Be sure your to send your most up-to-date resume and that the overall resume highlights your relevant skills and experience.
- If you have never prepared a resume, there are sample forms and templates on-line. In the Microsoft Word program, you will find resume templates. There are additional templates on-line at: <http://office.microsoft.com/en-us/templates/CT010144894.aspx#>. There are on-line resume-builder websites as well. Be careful to 'read the fine print' if you use these.

Section 5: Education

- A copy of a transcript documenting your highest completed degree must be included with your application. Please do not send transcripts of partially completed degrees. You do NOT have to send an official transcript. A legible copy is sufficient. If you do not have a copy of your transcript, a copy of your diploma can be submitted.
- In special circumstances, if you cannot find your high school diploma, have not graduated from high school, or have not completed your GED, we are currently able to accept the Comparable Skills Form. Please have your supervisor complete the Comparable Skills Form, which can be found in the application packet.
- Contact us if you have any difficulties obtaining these documents.

Section 6: Current Work Status and Experience Verification Forms

There are two pages for this section:

- First, complete the current work status and hours of experience page. When ‘adding up’ your hours of experience, please count only your work (paid or volunteer) as a family peer support services provider.
- Second, you and your supervisor(s) complete the Experience Verification Form.
- You can copy the Experience Verification Form if you need more than one employer to verify your employment to reach the required number of hours.
- Please be sure all boxes on this form are filled in and that the form is signed by both you and your supervisor

Section 7: Letters of Recommendation

Each applicant for the Family Peer Advocate Credential is required to submit three letters of recommendation.

- At least one of these letters must come from someone who supervised/directed you in your work (paid or volunteer) providing peer family support services.
- Please do not list your relatives, friends or neighbors or families you are working with as references. Some ideas for who can be a reference: colleagues and community members you partner with in your work; a school official you worked with as an advocate; former supervisors in jobs that required relevant skills; leaders in your faith community who know your work in a volunteer capacity; a family member you once worked with who is now a colleague and who can speak of your work personally and professionally.
- Give each of your references the appropriate Recommendation Form to complete and sign. They will also submit a separate (typed) letter of recommendation to you for you to include with your application. No application will be reviewed without three letters of recommendation.
- Please instruct the people who write letters for you to specifically address the experience and skills you have that are relevant to your application for the Family Peer Advocate Credential. We recommend that you give your references a copy of the Family Peer Support Services Definition so they have a better understanding of the skills required of a Family Peer Advocate.

Section 8: Statement of Lived Experience

In addition to education and training, a requirement of the Family Peer Advocate Credential is that the applicant have ‘lived experience’ as the parent or primary caregiver of a child or youth with a significant social, emotional, developmental, medical, substance use and/or behavioral challenge.

- This section of the application asks you to provide some information on your experience as a parent/caregiver.
- There are 4 parts to this section. Be sure to fully complete all four parts
- You are asked to briefly describe your experience in a manner that feels appropriate and comfortable to you.
- You also will describe how you use your lived experience when you work with families. It is important to write a thoughtful response to this part of the question.

Section 9: Family Peer Advocate Code of Ethics

- Each applicant for the Family Peer Advocate Credential is required to abide by the Family Peer Advocate Code of Ethics. Please read the Code of Ethics carefully before signing. Include a complete, signed copy in your application packet.

Section 10: Confidentiality and Sharing of Information

- Families Together in New York State maintains strict privacy and confidentiality policies to ensure the personal privacy of all FPA Credential applicants.
- Unless you provide us with written permission to share your application with others, the only individuals who can view your application are: the FTNYS Director of Training and Credentialing, FTNYS Training and Credentialing Administrative Assistant or other FTNYS staff at the direction of the Executive Director, FTNYS Regional Parent Advisors, Members of the Family Peer Advocate Credential Advisory Committee; and, FSS Coordinators in collaborating state agencies. Each of these individuals will sign a confidentiality agreement if they are required to review your application.
- Please initial each statement in this section to indicate your understanding of who will have access to the information in your application.

Section 11: Signature and Verification of Information

- Initial all sections, then sign and date.
- Applicants are expected to provide complete, truthful information. Any application found to contain fraudulent information will not be considered.

If you have any questions, please feel free to contact us at fpacredential@ftnys.org.

FPA Application Checklist

Please use this checklist to keep track of your progress completing the application. Please submit only complete applications.

| ✓ | Section | Notes |
|---|---|---|
| | Read the FAQ: Information for FPA Applicants first | |
| | Contact Information | |
| | PEP Certificate | |
| | PEP Training Registration Form (only needed if the applicant has not yet taken or signed up to take PEP Training) | |
| | Proof of Age | |
| | Resume | |
| | Transcript/Diploma | |
| | Comparable Skills Form (only needed if the applicant has not completed high school or GED) | ➤ Supervisor signature required |
| | Work Status and Employment Verification | |
| | Employment Verification Form (s) | ➤ Supervisor signature required |
| | Job Description | |
| | List of Names of People Submitting Recommendations | |
| | Recommendation Form 1 (Supervisor) | ➤ Applicant signature required ➤ Supervisor signature required |
| | Recommendation Letter 1 Letter submitted by reference (no form) | ➤ Supervisor signature required |
| | Recommendation Form 2 | ➤ Applicant signature required ➤ Reference signature required |
| | Recommendation Letter 2 Letter submitted by reference (no form) | ➤ Reference signature required |
| | Recommendation Form 3 | ➤ Applicant signature required ➤ Reference signature required |
| | Recommendation Letter 3 Letter submitted by reference (no form) | ➤ Reference signature required |
| | Statement of Lived Experience | Include your name |
| | Signed Code of Ethics | ➤ Applicant signature required |
| | Confidentiality Statement | |
| | Verification Signature | ➤ Applicant signature required |
| | Make a copy for your records | DO THIS! |
| | Mail the original | ➤ Check email for confirmation that it was received by FTNYS. |

PLEASE TYPE OR PRINT NEATLY AND RETAIN A COPY OF ALL APPLICATION MATERIALS FOR YOUR RECORDS.

Section 1: Contact Information

If you are NOT currently working as a Family Peer Advocate, leave the employer/supervisor sections blank.

| | | | | | |
|--|--------|----------------------|----------------------------|---------------------|-----------|
| Personal Contact Information | | | | | |
| Last Name: | | | First Name: | | |
| Home Address: | | | County: | | |
| City: | | | State: | | Zip Code: |
| Home Phone: | | Personal Cell Phone: | | Home Email Address: | |
| Work Contact Information | | | | | |
| Your Title/Position: | | | Program Name: | | |
| Agency Name: | | | | | |
| Agency Street Address: | | | Work County: | | |
| City: | State: | Zip: | Office Phone: | | Ext. |
| Work Email Address: | | | Work Cell Phone: | | |
| Supervisor Contact Information | | | | | |
| Supervisor Name: | | | Supervisor Title: | | |
| Supervisor Agency Name: | | | Supervisor Agency Address: | | |
| City: | State: | Zip: | Supervisor Phone: | | Ext. |
| Supervisor Email: | | | Supervisor Work Cell: | | |
| <i>If you have more than one supervisor, please provide their information in the space below:</i> | | | | | |
| 2nd Supervisor Contact Information | | | | | |
| Supervisor Name: | | | Supervisor Title: | | |
| Supervisor Agency Name: | | | Supervisor Agency Address: | | |
| City: | State: | Zip: | Supervisor Phone: | | Ext. |
| Supervisor Email: | | | Supervisor Work Cell: | | |

Important! This contact information may be shared with regional Parent Advisors, FTNYS Chapters, state and local agencies for the purpose of confirming your credential status, and notifying you about professional development opportunities and local events. Your name will be published in an on-line directory of Credentialed Family Peer Advocates.

It is your responsibility to update your contact information with FTNYS when there are changes.

Please PRINT your name exactly as you would like it to appear on your FPA Credential Certificate

Section 2: Parent Empowerment Program (PEP) Training

In order to obtain an FPA Credential, you must successfully complete the Parent Empowerment Program (PEP) training. Please indicate the date of your PEP training and attach a copy of your PEP Certificate. If you have not completed PEP training, please check the appropriate box.

| | | | |
|--|---|--------------|--|
| <input type="checkbox"/> Completed PEP Training (Any Version of PEP) | Location: | Date: | Certificate Submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Currently taking PEP Training | Location: | Date Started | |
| <input type="checkbox"/> Need PEP Training | Please complete the PEP Training Registration Form. You can find the form on the FTNYS website at http://www.ftnys.org/upcoming-pep-trainings/ | | |
| Notes: | | | |

REMOVE THIS PAGE AND INSERT PEP CERTIFICATE HERE

**IF YOU HAVE NOT COMPLETED THE PEP TRAINING YOU WILL NEED TO FILL OUT THE
PEP TRAINING REGISTRATION FORM WHICH CAN BE FOUND ON THE FTNYS WEBSITE**

PLEASE COMPLETE A PEP TRAINING REGISTRATION FORM ONLY IF YOU HAVE NOT TAKEN PEP TRAINING

Section 3: Proof of Age

Credential applicants must be 18 years of age at the time of application.

| |
|---|
| Date of Birth: Month: _____ Day: _____ Year _____ |
| A copy of one of the following official proofs of date of birth is attached: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other proof of age _____ |

Section 4: Resume

It is required that you attach an up-to-date copy of your resume to your application. This should include your current position.

There is no required format, but your resume should include all of the usual elements of a standard resume. Be sure to include the current position and past experiences that are relevant to this role (as well as other work and volunteer experience you have).

If you have never prepared a resume, please see the Application Instructions for more information.

Section 5: Education

A copy of a transcript or diploma documenting your highest completed degree must be included with your application.

Please check your most advanced degree or certification.

- High School GED Vocational/Trade AA/AS BA/BS MA/MS Doctorate/Professional

| | | | |
|--|----------------|-----------------|----------|
| School/College: | | Year Graduated: | |
| Field of Study: | Other Degrees? | | |
| Address: | | | |
| City: | State: | Zip: | Country: |
| <input type="checkbox"/> I have attached a copy of my transcript(s) and/or diploma. <i>Please do not send transcripts of partially completed degrees. Unofficial transcripts are acceptable as long as they are legible.</i> | | | |

| |
|---|
| <input type="checkbox"/> No High School Diploma or GED. Please state the reason you are using the Comparable Skills Form: _____ |
| <input type="checkbox"/> I have attached the Comparable Skills Form signed by my supervisor. (See next page for this form.) |

| |
|-------------------------------|
| Applicant's Full Name: |
|-------------------------------|

PLEASE HAVE YOUR SUPERVISOR COMPLETE THIS FORM ONLY IF YOU DO NOT
HAVE AT A GED, HIGH SCHOOL DIPLOMA OR OTHER DEGREE

Comparable Skills Form

The applicant for the FPA Credential named below has not completed high school, a GED program, or any other degree. The applicant is requesting that you attest that they have the equivalent literacy and communication skills necessary to perform the role of a Family Peer Advocate. This option recognizes that there are applicants who have not been able to complete their formal education due to a variety of factors, but who have a comparable (or higher) level of skills. Please only complete this form if you believe they have this level of skill.

I attest that _____ (applicant name) does not have a high school diploma or GED, but he/she has comparable literacy skills as well and written communication skills and is able to perform all of the necessary tasks to successfully work as a Family Peer Advocate including, but not limited to: good communication skills, accurate record keeping, assisting families to complete paperwork, professional written communication, the ability to read and understand training materials and other written information such as benefits forms, applications for services, program descriptions, etc.

Print Supervisor's Name



Supervisor's Signature

Date

REMOVE THIS PAGE AND INSERT THE FOLLOWING HERE:

- **PROOF OF AGE**
- **RESUME**
- **TRANSCRIPT or DIPLOMA**
- **COMPARABLE SKILLS FORM (IF APPLICABLE)**

Section 6: Current Work Status and Experience Verification Form

Current Work Status

Check all that apply.

- I am currently employed as a Family Peer Advocate
- I am currently in the process of being hired as a Family Peer Advocate
Future Employer Name: _____
- I am looking for employment as a Family Peer Advocate
- I am formerly employed as a Family Peer Advocate
Past Employer Name: _____
- I have no current or past employment as a Family Peer Advocate

Total Hours of Experience Providing Family Peer Support Services

In order to be fully credentialed as a Family Peer Advocate, applicants are required to have 1000 hours of paid or formal volunteer work experience providing family peer support services. Give the Experience Verification Form (next page) to your supervisor(s) to have them document your experience. These same individuals may also be completing reference forms for you as well.

Check one:

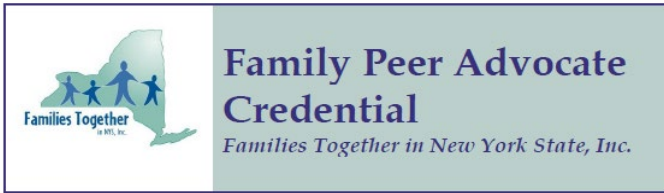
- I have 1000+ hours of paid or formal volunteer experience providing family peer support services. I am attaching the Experience Verification Form(s) to my application. We recommend that you document as much of your experience (even over and above 1000 hours).

OR

- I have less than 1000 hours of paid or formal volunteer experience providing family peer support services. I am presently employed by as a Family Peer Advocate and I expect to have 1000 hours by: _____ (date). I am attaching the Experience Verification Form to my application, to indicate how many hours I have to date.

Applicants with less than 1000 hours of experience may be eligible for a temporary Provisional FPA Credential. Please see Information for Applicants FAQ for more information.


Applicant's Full Name:



Family Peer Advocate Experience Verification Form

Make multiple copies of this form as needed to document the required number of hours of experience.

1 **APPLICANT:** I authorize contact by FTNYS of employers listed on my application to give any and all information concerning my current and previous employment and any pertinent information they may have, personal or otherwise, and hereby release FTNYS from all liability for any damage that may result from utilization of such information.


 _____
 Applicant Signature Applicant Name (Printed) Date

| | | | |
|---|---------------------|---|----------|
| Job Title: | | This position is: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid | |
| This position is primarily: <input type="checkbox"/> Direct Service (Advocate) <input type="checkbox"/> Supervisor <input type="checkbox"/> Program Director <input type="checkbox"/> Other _____ | | | |
| Date Started Position: | Date Left Position: | # Hours/Weeks Worked: | |
| Agency Name: | | Agency Phone: | |
| Agency Address: | | | |
| City: | State: | Zip: | Country: |
| Supervisor's Name and Title: | | | |
| Please attach a job description or summary of your work duties | | | |

2 **SUPERVISOR:** The above individual is applying for a *Family Peer Advocate Credential*. At this time, we are verifying his/her employment or formal volunteer experience and that the employment or volunteer experience is/was in the field of peer-to-peer family support and advocacy. (Formal volunteer experience is defined as a regular, sustained commitment with a specific role, not occasional or intermittent volunteer assignments.)

Please check the appropriate statement, and return this form to the applicant as soon as possible.

- YES**, the above employment/volunteer information is accurate, and this position involved providing peer family support and advocacy services for parents/primary caregivers of youth with social, emotional, behavioral and developmental challenges.
- NO**, the above employment/volunteer information is inaccurate or this position is not related to providing peer family support and advocacy services for parents/primary caregivers of youth with social, emotional, behavioral and developmental challenges. The correct information is as follows:

 _____
 Supervisor's Signature/Title Date

 Supervisor's Email Address Work Phone

REMOVE THIS PAGE AND INSERT JOB DESCRIPTION HERE

Section 7: Letters of Recommendation

Each applicant for the Family Peer Advocate Credential is required to submit three letters of recommendation. At least one of these letters must come from someone who supervised/directed you in your work (paid or volunteer) providing family peer support services. Please do not list family members as references.

- List each of your references below. Give each of your references the appropriate FPA Reference Form.
- Please also give your references the Family Peer Support Services Definition so they understand better the type of work you are seeking a credential to perform.
- You complete and sign the top portion of each reference form. This gives us permission to contact your references if necessary.
- The individual writing your letter of recommendation completes and signs the bottom AND submits a typed letter of recommendation to you for inclusion in your final FPA Credential application.

Please do not submit your application without enclosing all three completed reference forms with letters. Both the form and the letter are required.

Supervisor Recommendation Form 1:

| | | | |
|-----------------|-----------------------------|-------|-----|
| Reference Name: | | | |
| Title: | Agency Name (if applicable) | | |
| Street Address: | City | State | Zip |
| Phone: | Email: | | |

Other Professional Recommendation - Form 2:

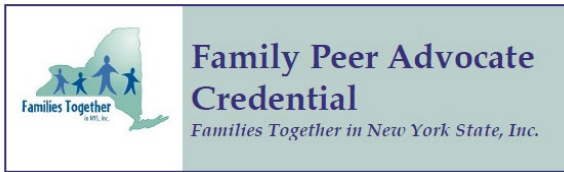
| | | | |
|-----------------|--------------|-------|-----|
| Reference Name: | | | |
| Title: | Agency Name: | | |
| Street Address: | City | State | Zip |
| Phone: | Email: | | |

Other Professional Recommendation Form 3:

| | | | |
|-----------------|--------------|-------|-----|
| Reference Name: | | | |
| Title: | Agency Name: | | |
| Street Address: | City | State | Zip |
| Phone: | Email: | | |

**Give your supervisor the Supervisor's Recommendation Form.
Give your other references the Recommendation Forms # 2 and #3.**

Applicant's Full Name:



Recommendation Form 1 Supervisor

The person who completes this Supervisor Recommendation Form should be familiar with your work and qualifications to provide family support and advocacy (or related) services in either a paid or volunteer position.

The applicant completes and signs Part A and then gives this form to their Supervisor who completes and signs Part B. This form will be submitted along with the supervisor's letter of recommendation.

A

APPLICANT: I authorize contact by FTNYS of employers listed on my application to give any and all information concerning my current and previous employment and any pertinent information they may have, personal or otherwise, and hereby release FTNYS from all liability for any damage that may result from utilization of such information.

Applicant's Signature

Applicant's Name (Printed)

Date

B

SUPERVISOR: I verify that the above individual is applying for a *Family Peer Advocate Credential*. I understand that this is an entry level credential for individuals providing peer-to-peer family advocacy and support services. As a part of the credentialing process, the applicant must document his/her intent to follow the Family Peer Advocate Code of Ethics; maintain high professional standards; and, possess the skills necessary to work with parents/caregivers of children with social, emotional and/or behavioral challenges (individually and in groups) to guide, assist and empower these parents to best meet the needs of their child and family in collaboration with other providers in the community. As a supervisor of this applicant, I endorse their candidacy and attest that, to the best of my knowledge, the applicant meets these criteria.

Please note that this form and your letter of recommendation will become part of the applicant's credential file which can be reviewed by the applicant and, if requested by the applicant, provided to future employers.

Supervisor's Signature/Title

Date

Supervisor's Email Address

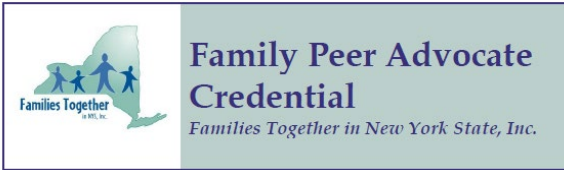
Work Phone

How long have you known this applicant?

Briefly, in what capacity have you known the applicant?

IMPORTANT! Please attach your typed letter of recommendation to this form. In your letter, please describe why you feel this individual is/is not a good candidate to be credentialed as a Family Peer Advocate. If you do not feel you have sufficient knowledge of the applicant to respond to this question, please indicate this. Please specifically describe the applicant's relevant experience, their capacity to support and empower parents/caregivers, their capacity to work collaboratively with other professionals, and their capacity to work in a manner that is consistent with the principles of family-driven care.

**REMOVE THIS PAGE AND REPLACE WITH SUPERVISOR'S TYPED LETTER OF
REFERENCE ON AGENCY LETTERHEAD**



Recommendation Form 2

The person who completes this Recommendation Form should be familiar with your work and qualifications to provide family support and advocacy (or related) services in either a paid or volunteer position.

The applicant completes and signs Part A and then gives this form to their Reference who completes and signs Part B. This form will be submitted along with the supervisor's letter of recommendation.

A

APPLICANT: I authorize contact by FTNYS of employers listed on my application to give any and all information concerning my current and previous employment and any pertinent information they may have, personal or otherwise, and hereby release FTNYS from all liability for any damage that may result from utilization of such information.



Applicant's Signature

Applicant's Name (Printed)

Date

B

REFERENCE: The above individual is applying for a *Family Peer Advocate Credential*. This is an entry level credential for individuals providing peer-to-peer family advocacy and support services. As a part of the credentialing process, the applicant must document his/her intent to follow the Family Peer Advocate Code of Ethics and maintain high professional standards; and provide evidence that he/she has the skills necessary to work with parents/caregivers of children with social, emotional and/or behavioral challenges (individually and in groups) to guide, assist and empower these parents to best meet the needs of their child and family in collaboration with other providers in the community. Please address the applicant's qualifications and suitability for this credential in your letter of recommendation.

Please note that this reference will become part of the applicant's credential file which can be reviewed by the applicant and, if requested by the applicant, provided to future employers.



Reference Signature/Title

Date

Reference Email Address

Work Phone

How long have you known this applicant?

Briefly, in what capacity have you known the applicant?

IMPORTANT! Please attach your typed letter of recommendation to this form. In your letter, please describe why you feel this individual is/is not a good candidate to be credentialed as a Family Peer Advocate. If you do not feel you have sufficient knowledge of the applicant to respond to this question, you may provide a general letter of reference based on your past experience with this applicant.

REMOVE THIS PAGE AND REPLACE WITH TYPED LETTER FROM REFERENCE #2



Recommendation Form 3

The person who completes the Recommendation Form should be familiar with your work and qualifications to provide family support and advocacy (or related) services in either a paid or volunteer position.

This recommendation form has two parts. The applicant completes and signs Part A and the reference completes and signs Part B.

A **APPLICANT:** I authorize contact by FTNYS of employers listed on my application to give any and all information concerning my current and previous employment and any pertinent information they may have, personal or otherwise, and hereby release FTNYS from all liability for any damage that may result from utilization of such information.



Applicant's Signature

Applicant's Name (Printed)

Date

B **REFERENCE:** The above individual is applying for a *Family Peer Advocate Credential*. This is an entry level credential for individuals providing peer-to-peer family advocacy and support services. As a part of the credentialing process, the applicant must document his/her intent to follow the Family Peer Advocate Code of Ethics and maintain high professional standards; and provide evidence that he/she has the skills necessary to work with parents/caregivers of children with social, emotional and/or behavioral challenges (individually and in groups) to guide, assist and empower these parents to best meet the needs of their child and family in collaboration with other providers in the community. Please address the applicant's qualifications and suitability for this credential in your letter of recommendation.

Please note that this reference will become part of the applicant's credential file which can be reviewed by the applicant and, if requested by the applicant, provided to future employers.



Reference Signature/Title

Date

Reference Email Address

Work Phone

How long have you known this applicant?

Briefly, in what capacity have you known the applicant?

IMPORTANT! Please attach your typed letter of recommendation to this form. In your letter, please describe why you feel this individual is/is not a good candidate to be credentialed as a Family Peer Advocate. If you do not feel you have sufficient knowledge of the applicant to respond to this question, you may provide a general letter of reference based on your past experience with this applicant.

REMOVE THIS PAGE AND REPLACE WITH TYPED LETTER FROM REFERENCE #3

Section 8: Statement of Lived Experience

In addition to education and training, a requirement of the Family Peer Advocate Credential is that the applicant has 'lived experience' as the parent or primary caregiver of a child or youth with a significant social, emotional, emotional, behavioral, mental health, and/or developmental disability.

Part 1

Are you the parent (biological/foster/adoptive) or primary caregiver of a child/youth who has a significant social, emotional, developmental, medical, substance use and/or behavioral disability which manifested itself prior to age 21? Yes No

Part 2

Which services and systems have you navigated on behalf of your child? (Check all that apply.)

- Early Intervention
- Mental Health
- Special Education – IEP/504 Plan
- Child Welfare – Preventive/Protective Services (DSS/ACS)
- Child Welfare – Foster Care/Adoption
- Juvenile Justice-PINS Diversion/PINS
- Juvenile Justice-Probation/Placement
- Criminal Justice-Criminal Court
- Complex Healthcare Needs
- Intellectual/Developmental Disabilities Services (OPWDD)
- Substance Use Treatment/Addiction Services
- Other _____

Part 3

Are you willing to share relevant aspects of your personal experience, as a family peer, in the course of providing services to other families whose children have similar challenges? Yes No

Part 4

Please include a typed response to the following questions on a separate page. Please be sure to not only describe your experience, but also how you will use this experience in your work with families.

1. Describe your experience as a parent or primary caregiver of a child with social, emotional, behavioral, medical, substance use and/or developmental challenges. Areas for discussion include (but are not limited to) your challenges and successes, the effect of stigma, grief acceptance, etc.
2. Describe your child's behaviors and the impact of your child's difficulties YOU and on the other members of your family
3. Share some examples of your advocacy efforts on behalf of your child.
4. How do you use your lived experience in your work as a Family Peer Advocate? Please think about the areas of your work that focus on empowerment, engagement and hope, and use examples if possible.

Applicant's Full Name:

REMOVE THIS PAGE AND INSERT STATEMENT OF LIVED EXPERIENCE HERE

Section 9: Agreement to Abide by the FPA Code of Ethics

Each applicant for the Family Peer Advocate Credential is required to abide by the Family Peer Advocate Code of Ethics. A copy of the Code of Ethics, with a place for your signature, can be found at the end of this application.

- Please read the FPA Code of Ethics carefully before signing.
- Include the full, signed copy of the FPA Code of Ethics with your application packet and retain a copy for your records.

Section 10: Confidentiality and Sharing of Information

Families Together in New York State maintains strict privacy and confidentiality policies to ensure the personal privacy of all FPA Credential applicants.

Please initial below to indicate your understanding.

- _____ The following individuals may have access to the information in my application for the purposes of reviewing my qualifications: FTNYS staff reviewing FPA Credential Applications; FTNYS Regional Parent Advisors; members of the Family Peer Advocate Workforce Development Advisory Committee; and Family Support Services Coordinators collaborating with state/local agencies (e.g. NYS Office of Mental Health Division of Children and Families and New York City Department of Health and Mental Hygiene)
- _____ Information regarding applicants or application status will not be disclosed to any other individuals or organizations without the consent of the applicant.
- _____ My name, credential status and email address may be used by FTNYS to create a Directory of Credentialed Family Peer Advocates and may be provided to state and local agencies, regional Parent Advisors, and FTNYS Chapters to provide me with information on upcoming events that may benefit my professional development.
- _____ My email address may be added to the FTNYS listserv. I realize that I can 'opt out' at any time.

Section 11: Signature and Verification of Information

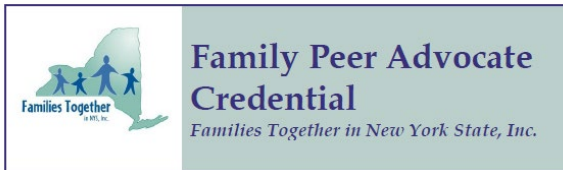
Please place your initials in each box and sign below.

- _____ I understand that, in order to evaluate my application, Families Together in New York State will verify the information I have provided including my education, employment, references and completion of required training.
- _____ I agree to cooperate in such review and allow others to provide information regarding my abilities and education.
- _____ I hereby solemnly declare and affirm that the facts and matters contained in the foregoing application are true and correct.



Signature of Applicant

Date



Family Peer Advocate Code of Ethics

Preamble

The work of Family Peer Advocates is rooted in the values of Family-Driven Care and the Principles of the Child and Adolescent Service System (See Appendices). The work of the Family Peer Advocate supports the belief that parents (i.e. biological, foster, adoptive, guardians, and others with primary caregiver duties) must have a meaningful voice and a primary decision making role in the care of their own children as well as in designing and evaluating services and developing the policies and procedures governing care for all children in their community, state, tribe, territory and nation. The concepts of empowerment and resiliency are central to the work of Family Peer Advocates. As peers, Family Peer Advocates use their 'lived experience' and training to inspire hope and reduce stigma. Family Peer Advocates focus on strengths as well as needs, assist families to set priorities and goals, provide information, and help families navigate multiple complex service systems. Family Peer Advocates support families to strengthen their connections to community resources and connect with natural supports. Family Peer Advocates work in collaboration with clinicians and other service providers to enhance engagement and partnership in order to improve both the experience and outcomes for families.

This code of ethics is intended to serve as a guide to professional conduct of Family Peer Advocates. It offers general principles to guide conduct in situations that have ethical implications.

Family Peer Advocate Code of Ethics

The conduct of a Family Peer Advocate will be consistent with the following ethical and professional standards:

A. Commitment to Families

- Primary responsibility is to promote the well-being of the families with whom s/he works (in keeping with all applicable laws).
- Seek to resolve any situations in which meeting his/her responsibility to the family comes into conflict with other obligations or requirements.
- When a team or employer decision raises ethical concerns, attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, the Family Peer Advocate should pursue other avenues to address his/her concerns with the goal of promoting the well-being of the family.
- Engage in efforts to reduce stigma and blaming of families and youth.
- Promote family-driven practices that focus on strengths, view families as a part of the solution, and ensure families and youth participate as partners in all aspects of their care.

B. Empowerment and Self-Determination.

- Promote and support approaches that foster hope, resiliency, empowerment, the development of self-advocacy skills, and recovery.
- Promote family-driven practice whereby the parent or primary caregiver has primary decision-making authority as a member of all processes/teams whereby decisions are being made about treatment, services and other aspects of the care for the child and family.
- Promote youth-guided practice whereby young people have a meaningful voice in setting goals and shaping a plan of care.
- Promote approaches that provide families with the support they need in the least restrictive and least intrusive environment possible.
- Provide current, accurate, transparent information to family members and youth.

C. Respect for Diversity.

- Promote cultural and linguistic competence and respect at all times and in all relationships
- Respect the rights and dignity of those with whom s/he works.
- Recognize cultural, individual, and role differences and demonstrate competence in providing services that are sensitive to families' cultures.

- Do not practice, condone, facilitate, or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, military and/or veteran status, socio-economic status, immigration status, or any other preference or personal characteristic, condition, or state.
- Demonstrate respect towards the cultural identities and preferences of the families and youth being served.
- Seek to understand, accept and appreciate his/her culture as the basis for relating to the cultures of others.
- Seek training and consultation to improve his/her ability to work effectively with individuals from diverse groups.
- Identify situations in which his/her biases are interfering with the ability to work with a specific family and seek guidance from a supervisor.

D. Competence as a Family Peer Advocate

- Provide services with the maximum professional skill, competence, knowledge, and advocacy.
- Provide services within the boundaries of Family Peer Advocate training and expertise.
- Keep current with emerging knowledge related to family support practice, family-driven care, community resources, empowerment strategies, and evidence-based/ best practice treatment and support approaches.
- Seek out opportunities to enhance his/her knowledge and skills through training, self-study and professional development and through collaboration with other FPAs across the state.
- Seek to always incorporate effective practices.
- Seek guidance and feedback from colleagues and supervisors to improve effectiveness.
- Engage in ongoing discussions with employers and colleagues regarding the FPA role to achieve the maximum benefit to families.

E. Propriety

- Act in accordance with the laws and statutes regarding all issues that affect his/her work.
- Assure that private conduct does not compromise the fulfillment of professional responsibilities.
- Do not participate in, condone, or be associated with dishonestly, fraud, or deception.
- Distinguish clearly between statements made and actions taken as private individuals and as representatives of the Family Peer Advocate profession, employer, or credentialing organization.
- Do not exploit professional relationships for personal gain.
- Do not use undue influence or in any way exploit the trust of the families and youth to whom they are providing services.
- Do not offer or accept gifts of significant value related to your work as a Family Peer Advocate. Consult with supervisors for clarity and direction as needed.
- Do not enter into personal financial transactions with family members engaged in a peer support relationship
- Recognize situations that involve ethical dilemmas and consult with supervisors and colleagues to seek appropriate resolutions.

F. Informed Consent

- Provide information about the services of the Family Peer Advocate to parents in a manner which is thorough and understandable to them (reading level, native language, verbal explanations).
- Advocate for the family to receive current, accurate, transparent information from other providers.
- Facilitate opportunities for families to ask questions and obtain more information to help them participate in the planning and service delivery process.

G. Access to Records

- Assist families to obtain access to records regarding their care as needed and in keeping with applicable laws.
- Keep notes concerning work with the family in a manner that is transparent and done in partnership with the family.

H. Confidentiality and Privacy

- Respect the right to privacy and confidentiality of families and youth in accordance with the law.
- Disclose confidential information only when necessary and only with valid consent (unless disclosure without consent is warranted to prevent serious, foreseeable, imminent harm and/or as required by law.)
- Explain to families the circumstances in which you are required to report or act in order to prevent harm (e.g. in situations involving child maltreatment)
- Inform families whenever confidential information is disclosed (either with consent or due to a legal requirement).
- Safeguard all records to assure they are not accessed by unauthorized individuals. This includes the use of electronic methods of storing and sharing information such as email, fax, etc.
- Refrain from discussion of confidential information in any setting unless privacy can be assured. Never discuss

confidential information in public spaces.

I. Conflicts of Interest

- Be alert to and avoid conflicts of interest and inform the family if the potential for such a conflict exists.
- Resolve conflicts of interest in a manner that protects the family's interests.
- Do not engage in dual relationships with families if there is any risk of harm to the family. A dual relationship occurs when a Family Peer Advocate is involved with a family they work with in more than one way, (e.g., a family who attends the same church as you or whose children attend the same school.) If these relationships are unavoidable, take steps to protect the family and set clear boundaries.

J. Personal Relationships

- Under no circumstances should the Family Peer Advocate engage in sexual activities or sexual contact with any member of a family currently receiving services. This prohibition also pertains to former client family members except in extraordinary circumstances in which the advocate is able to demonstrate that the family has not been exploited, coerced or manipulated intentionally or unintentionally.
- Do not provide services to family members with whom the advocate has had a prior sexual relationship.
- Do not engage in sexual activities or sexual contact with relatives or others with whom family members have close personal relationships when there is risk of potential exploitation or harm to anyone in the family.

K. Commitment to Partnership

- Actively seek out opportunities to partner with clinicians and other professionals.
- Work to enhance his/her understanding of all 'systems' involved in the lives of children and families with complex needs including, but not limited to: education, child welfare, mental health, juvenile justice, probation, family court, health, substance abuse treatment, youth development.
- Participate in and lead interdisciplinary teams (that include family members and youth) to promote holistic, cross-system solutions.
- Work with families to develop their constructive, self-advocacy skills to support their interactions with a wide range of professionals.
- Partner with a wide range of community organizations and resource people to support families to make connections to ongoing 'natural' supports that reflect their culture, interests, preferences, etc.
- Keep informed about colleagues' areas of expertise and competencies. Seek consultation from those who have demonstrated knowledge, expertise, and competence related to the subject of the consultation.

L. Integrity of the Profession

- Uphold and advance the values, ethics, knowledge, and mission of the profession.
- Work toward the highest standards of practice.
- Participate in opportunities to advance the profession through learning collaborative activities, mentoring colleagues, research, presentations in the community, publications, training, etc.
- Assume leadership roles (at all levels) whenever possible.
- Promote and facilitate evaluation and research to contribute to the development of knowledge and improved practice of peer family support and advocacy.
- Act with integrity in relationships with colleagues, families, youth, other providers and organizations, referral sources, and other professionals in a way that promotes respect for the profession and improved outcomes for families and youth.

By signing this Code of Ethics, I affirm that I have read through and understand all of the information provided in this document including Appendix A and Appendix B. By signing below, I also understand that I will be held responsible and accountable to above mentioned principles, rules and procedures. If a complaint is made, or it is alleged that I have broken any of these principles, rules or procedures, I agree to have these actions or inactions reviewed and assessed by the Ethics Subcommittee in accordance with the complaint guidelines of the Family Peer Advocate Credentialing Advisory Board. If it is found that I have violated any of these principles, rules and/or procedures, then I understand that measures will be taken against me by the Family Peer Advocate Credentialing Advisory Board, up to and including the revocation of my Family Peer Advocate Credential.

I agree to practice in accordance with the above Family Peer Advocate Code of Ethics.

Advocate Name (printed)

Advocate Name (signature)

Date

CASSP Principles

CASSP (Child and Adolescent Service System Program) is based on a well-defined set of principles for mental health services for children and adolescents with or at risk of developing severe emotional disorders and their families. These principles are summarized in six core statements.

Child-centered

Services are planned to meet the individual needs of the child, rather than to fit the child into an existing service. Services consider the child's family and community contexts, are developmentally appropriate and child-specific, and build on the strengths of the child and family to meet the mental health, social and physical needs of the child.

Family-focused

The family is the primary support system for the child and it is important to help empower the family to advocate for themselves. The family participates as a full partner in all stages of the decision-making and treatment planning process including implementation, monitoring and evaluation. A family may include biological, adoptive and foster parents, siblings, grandparents, other relatives, and other adults who are committed to the child. The development of mental health policy at state and local levels includes family representation.

Community-based

Whenever possible, services are delivered in the child's home community, drawing on formal and informal resources to promote the child's successful participation in the community. Community resources include not only mental health professionals and provider agencies, but also social, religious, cultural organizations and other natural community support networks.

Multi-system

Services are planned in collaboration with all the child-serving systems involved in the child's life. Representatives from all these systems and the family collaborate to define the goals for the child, develop a service plan, develop the necessary resources to implement the plan, provide appropriate support to the child and family, and evaluate progress.

Culturally competent

Culture determines our worldview and provides a general design for living and patterns for interpreting reality that are reflected in our behavior. Therefore, services that are culturally competent are provided by individuals who have the skills to recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies and practices characteristic of a particular group of people.

Least restrictive/least intrusive

Services take place in settings that are the most appropriate and natural for the child and family and are the least restrictive and intrusive available to meet the needs of the child and family.

Family-Driven Care Principles

Family-driven means families have a primary decision-making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation.

This includes:

- Choosing culturally and linguistically competent supports, services, and providers;
- Setting goals;
- Designing, implementing and evaluating programs;
- Monitoring outcomes; and
- Partnering in funding decisions.

Guiding Principles of Family-Driven Care

1. Families and youth, providers and administrators embrace the concept of sharing decision-making and responsibility for outcomes.
2. Families and youth are given accurate, understandable, and complete information necessary to set goals and to make informed decisions and choices about the right services and supports for individual children and their families.
3. All children, youth, and families have a biological, adoptive, foster, or surrogate family voice advocating on their behalf and may appoint them as substitute decision makers at any time.
4. Families and family-run organizations engage in peer support activities to reduce isolation, gather and disseminate accurate information, and strengthen the family voice.
5. Families and family-run organizations provide direction for decisions that impact funding for services, treatments, and supports and advocate for families and youth to have choices.
6. Providers take the initiative to change policy and practice from provider-driven to family-driven.
7. Administrators allocate staff, training, support and resources to make family-driven practice work at the point where services and supports are delivered to children, youth, and families and where family and youth run organizations are funded and sustained.
8. Community attitude change efforts focus on removing barriers and discrimination created by stigma.
9. Communities and private agencies embrace, value, and celebrate the diverse cultures of their children, youth, and families and work to eliminate mental health disparities.
10. Everyone who connects with children, youth, and families continually advances their own cultural and linguistic responsiveness as the population served changes so that the needs of the diverse populations are appropriately addressed.

Keep one copy of the application for your files.

Mail the original to FTNYS.

All applications should be one-sided. No duplex, please!

Remember to keep one copy of the application for your file

Mail to:

**Families Together in New York State
Family Peer Advocate Credential
737 Madison Avenue
Albany, New York 12208**

We welcome all questions!

Joanna Ahlatis
Susan Burger

518-432-0333 extension 18
516-314-1143

Email: fpacredential@ftnys.org

Website: www.ftnys.org