

Peer Infrastructure Stipend Application Form



COLORADO
Office of Behavioral Health
Department of Human Services

Purpose of Funds:

Funding will be used to provide a stipend for in-state Peer Specialist Trainings and support the development of a Peer infrastructure within Colorado. Funding may be used to reimburse individuals for registration fees for peer support training courses or application fees for the Colorado Peer and Family specialist credential.

Eligible for Reimbursement:

Applicants must be a Colorado resident seeking to meet the core competencies required for the Colorado Peer and Family Specialist Credential. Individuals may receive a maximum of reimbursement of \$1,000.00 per state fiscal year.

Documentation Requirements:

Applications must be submitted to PAS. Notification of approval / denial of application will be made via email within 30 days of receipt of application.

Upon approval of applications, individual must provide:

- Receipts documenting fees incurred
- Form W9

If requirement documents are not received with 15 days of approval, the application may be voided.

- **Submit completed forms to Peer Assistance Services, Inc.**

Fax: 303.369.0982 **Email:** sschultz@peerassist.org **Mail:** 2170 S Parker Road, Suite 229, Denver CO 80231

Name: _____
(Please print clearly)

Address: _____
(Please print clearly)

Email: _____ **Phone:** _____
(Please print clearly) (Please print clearly)

Course Name	Training Organization	IC&RC Domain (Advocacy, Recovery support, Mentoring & Education, Ethics)	Date of Course	Registration Fee
CCAR Recovery Coach Academy	Peer Coach Academy CO	Domain 1: 7 hours -Domain 2: 9 hours and 15 mins -Domain 3: 8 hours -Domain 4: 7 hours and 45 mins Total training hours: 32 hours		\$650
CCAR PROFESSIONALISM	Peer Coach Academy	DOMAIN 1-8 DOMAIN 2- 4		\$225
CCAR Ethical Consideration	Peer Coach Academy CO	Domain 1- .5 hours Domain 4- 15.5 hours		\$300
CCAR Emergency Department	Peer Coach Academy CO	Domain 1- 4 hours Domain 4- 8 hours		\$250
Spirituality for Coaches	Peer Coach Academy CO	Domain 1-12 hours		\$250
Total Stipend Requested:				

By signing, I certify that all information is accurate and I am not being reimbursed for these fees from any other source(s).

Signature: _____ **Date:** _____

For office use only:

Application Status: Approved / Denied

Date notification to Applicant completed: _____

W9 on file: Yes / No

Receipts Received: Yes / No

Payment authorized: _____