

MHLAP Employment or Volunteer Verification

First Name: _____ Last Name: _____

Parts A. through I. are to be completed by the applicant. This page must be signed and dated by the applicant's Direct Supervisor or an Authorized Administrative Officer who can verify the applicant's information and hours.

A. **Employment or Volunteer Facility/Agency:** _____

Program Name: _____

Address: _____

City: _____ Zip: _____ Employment County: _____

County

County Contractor

County Sub-Contractor

B. **Which best describes applicant's ethnic background?** _____

C. **Applicant speaks the following language(s) needed in this work setting:** _____

D. **Applicant's profession:** _____

E. **License or Registration # (if applicable):** _____

F. **Applicant's start date (mm/dd/yyyy):** _____

G. **Applicant's job title:** _____

H. **Applicant's primary responsibilities or job functions:** _____

I. **How many hours per week (average) do you, the applicant, spend providing the following services:**

Direct care (e.g., phone calls, group therapy or direct interaction with clients): _____ hours

Non-Direct Care Services (e.g., travel to/from client or families, reports, and/or other client support services): _____ hours

First line supervision of interns, assistants or trainees by applicant: _____ hours

Managerial or administrative support tasks: _____ hours

Total weekly work or volunteer hours: _____ hours

Name of Supervisor or Authorized Administrative Officer: _____

Title: _____ Phone #: _____ Email: _____

I certify that I am the supervisor or authorized administrative officer at this organization and that the organization will pay the applicant (if in a paid capacity) prevailing wages and that I agree not to use the Program's award of educational loan repayments as a means to reduce the recipient's salary or offset those salaries (e.g., deduction of funds from paychecks, etc.). **I verify that the information provided on this page of the MHLAP application is true and accurate to the best of my knowledge.**

Direct Supervisor or Authorized Administrative Officer SIGNATURE and DATE REQUIRED!

Signature: _____

Date: _____