

www.familyoutreach.org

***Administrative office: Branch Offices:***

***1236 Helena Ave 1212 Helena Ave 1315 E Main 641 Sampson***

***Helena, MT 59601 Helena, MT 59601 Bozeman, MT 59715 Butte, MT 59701***

***(406) 443-3083 (406) 443-7370 (406) 587-2477 (406) 494-1242***

 ***(406) 443-3209 FAX (406)449-6062 FAX (406) 587-9526 FAX (406) 494-1979 FAX***

Thank you for inquiring about the Family Support Specialist position. Family Outreach, Inc. is a growing non-profit corporation that contracts with the State of Montana to provide home-based child and family centered education and support service in a twelve county region in Southwestern Montana. Children eligible for services are either “at risk” for developmental disabilities and between birth and eight years old, or are developmentally disabled and between birth and 21 years old. The majority of children are in the birth to eight years age range and older individuals have diagnosed intellectual disabilities.

Family Support Specialists provide support and resources to family members and caregivers based on assessed needs and family priorities through coaching model. The goal of the services is to assist family members and caregivers to enhance children’s learning and development through everyday learning opportunities. Family Support Specialists may have mixed caseloads with some adults with intellectual disabilities. Family Support Specialists provide a home based service; reliable transportation is required and travel expenses are reimbursed.

The Employment Application has two parts. The first part of the application is general information about your educational background and experience. Please fully complete this section even though the information may be contained in your VITA or resume. The second part of the application contains detailed questions about your educational and professional experiences that relate specifically to the job requirements. Please provide very clear and concise replies to the questions in this section.

The information on the Employment Application is used to screen the applicants that will be invited for an interview for the position. Again, complete the application clearly and meticulously. You will be informed regarding our interview and/or hiring decision.

Return the completed application and your VITA or resume.

Cordially,

Mike Mahoney

Director

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**FAMILY SUPPORT COORDINATOR**

Family Outreach, Inc. is an equal opportunity employer. We will not discriminate and will take affirmative action measures to ensure against discrimination in employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the bases of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

**PART I.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | NAME |       |       |       |  | DATE |       |
|  |  | LAST | FIRST | MI |  |  |  |
| 2. | ADDRESS |  | PHONE |       |
|  |  |  |  |       |
| 3. | COLLEGE/UNIVERSITY |  |
|  | a. |       |  |       |
|  |  | Name |  | Location |
|  |  |       |       |       |
|  |  | Years Attended | Degree/Field | Date of Degree |
|  | b. |       |  |       |
|  |  | Name |  | Location |
|  |  |       |       |       |
|  |  | Years Attended | Degree/Field | Date of Degree |
| 4. | Provide the names, titles, addresses, and phone numbers for three persons who can verify your knowledge and skills for this position: |
|  |  | NAME | TITLE | ADDRESS | PHONE# |
|  | a. |       |       |       |       |
|  |  |  |  |  |  |
|  | b. |       |       |       |       |
|  |  |  |  |  |  |
|  | c. |       |       |       |       |
|  |  |  |  |  |  |
| 5. | Any objections to Saturday or evening work? |       |
| 6. | Any objection to travel? |       |

EMPLOYMENT APPLICATION – FSS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATES EMPLOYED (MM/YY) | TOTAL NUMBER OF MONTHS | FIRM NAME/ADDRESS | POSITION/TITLE | DUTIES |
|       |       |       |
|       |       | PHONE NUMBER: |  | SUPERVISOR: |
|       |       |
| REASON FOR LEAVING: |
|       |
|  |  |  |  |  |
| DATES EMPLOYED (MM/YY) | TOTAL NUMBER OF MONTHS | FIRM NAME/ADDRESS | POSITION/TITLE | DUTIES |
|       |       |       |
|       |       | PHONE NUMBER: |  | SUPERVISOR: |
|       |       |
| REASON FOR LEAVING: |
|       |
|  |  |  |  |  |
| DATES EMPLOYED (MM/YY) | TOTAL NUMBER OF MONTHS | FIRM NAME/ADDRESS | POSITION/TITLE | DUTIES |
|       |       |       |
|       |       | PHONE NUMBER: |  | SUPERVISOR: |
|       |       |
| REASON FOR LEAVING: |
|       |
|  |  |  |  |  |
| DATES EMPLOYED (MM/YY) | TOTAL NUMBER OF MONTHS | FIRM NAME/ADDRESS | POSITION/TITLE | DUTIES |
|       |       |       |
|       |       | PHONE NUMBER: |  | SUPERVISOR: |
|       |       |
| REASON FOR LEAVING: |
|       |
|  |  |  |  |  |

EMPLOYMENT APPLICATION – FSS

PART II

|  |  |
| --- | --- |
| 1. | Referring to question 7 in Part 1, list below only those positions and specific duties for which you have been responsible providing supports and resources to assist family members and caregivers to enhance individual’s learning and development through everyday learning opportunities. |
| POSITION | DUTIES |
|       |       |
|       |       |
|       |       |
|       |       |
| 2. | Given that a child has delays in communication, self-help, and motor areas, what are three teaching strategies that a parent would find useful? |
|  | a. |       |
|  | b. |       |
|  | c. |       |
| 3. | Have you been responsible for training others in areas of: |  |
|  | a. | Behavior management? |  | YES |   | NO |   |
|  | If yes, describe below: |
|  |       |
|  | b. | Skill Acquisition? |  | YES |   | NO |   |
|  |  | List four examples of teaching strategies? |
|  | I |       | II |       |
|  | III |       | IV |       |
| 4. | Have you been responsible for coordinating services for families? |
|  | YES |   | NO |   |
|  | If yes, list the type of agencies/services that you most frequently coordinated: |
|  | a. |       | b. |       |
|  | c. |       | d. |       |
| 5. | Have you provided counseling to caregivers? | YES |       | NO |       |
|  | If yes, describe your counseling approach: |
|  |       |
| 6. | List two types of measurement procedures that could be used to document educational progress with children. |
|  | a. |       |
|  | b. |       |
| 8. | Have you been responsible for assessing the development and/or needs of youth? |
|  | YES |       | NO |       |
| 9. | List the developmental assessments and/or assessments. |
|  | a. |       | b. |       |
|  | c. |       | d. |       |
| 10. | Have you worked as a member of an interdisciplinary team? | YES |       | NO |       |
|  | If yes, list the disciplines with which you worked: |
|  | a. |       | b. |       | c. |       |

|  |  |
| --- | --- |
| 11. | Indicate below by using an ex (x), the number of months of experience you have had with the following: |
| **AGES** |  | **NUMBER OF MONTHS** |
|  | 0-6 | 7-12 | 13-18 | 19-24 | 25-30 | 31-36 | 37+ |
| 0 – 2  |   |   |   |   |   |   |   |
| 3 – 5  |   |   |   |   |   |   |   |
| 6 – 18  |   |   |   |   |   |   |   |
| 19 + |   |   |   |   |   |   |   |
| **SEVERITY****OF****DISABILITY** | MILD |   |   |   |   |   |   |   |
| MODERATE |   |   |   |   |   |   |   |
| SEVERE |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |
| **TYPES OF****DISABILITY** | DEVELOPMENTAL DISABLED |   |   |   |   |   |   |   |
| MENTAL HEALTH |   |   |   |   |   |   |   |
| LEARNING DISABLED/ EMOTIONAL DISTURBED |   |   |   |   |   |   |   |
| PHYSICAL DISABILITY |   |   |   |   |   |   |   |

How did you hear about this position?