



LAC DMH MFT STIPEND APPLICATION 2014-15

APPLICANT IDENTIFYING INFORMATION

Complete all required identifying information legibly. Provide your full name, no abbreviations; the name must match the name provided in the IRS W-9 form. Communication with the applicant will be through the first email address provided. Make sure the email addresses provided clearly distinguishes underscores and numbers from underlines and letters. Date of degree conferral is the date of degree completion posted on transcripts. Students need to be on their school's recommendation list for eligibility. The school's recommendation verifies student's current enrollment, good student status and projected completion of degree by June 30, 2015.

Name: (Please Print) _____

Student Address: _____

Student Permanent Address, if different: _____

Student Email(s): 1. _____ (Print legibly) 2. _____ (Print legibly)

Cell Phone: _____ Home Phone: _____ Date of Birth: _____
MM / DD / YY

Driver's License No. : _____ SSN: _____ Ethnicity (optional): _____

School: _____ Date of Degree Conferral: _____
MM / DD / YY

Signature: _____ Current Date: _____

APPLICANT ESSAY RESPONSES

Type your responses to the four essays and attach them to your application. Limit each essay response to 150 words. Essays must be typed, double spaced using 12 point font. Applications are scored anonymously. Do not include your name or name of your school in your responses.

1. State your professional interest and commitment to public mental health.
2. State how you envision working within public mental health and what you feel is important in working with the population served by the LAC DMH delivery system.
3. Describe your personal background, work experience, and/or individual strengths which will help you integrate and apply knowledge to work in public mental health settings.
4. State how your professional career plans meet the six objectives of the LAC DMH Stipend Program.

APPLICANT QUALIFYING INFORMATION

1. Selection of Qualifying Criteria

To meet the objectives of the stipend program, the LAC DMH has identified the following needs as priorities for workforce recruitment and will guide the selection of applicants for the stipends. Priority One Qualifications address higher workforce needs and will be more heavily weighted than Priority Two Qualifications. Indicate with a check mark your qualifications and complete fully the information requested. Qualifications checked that do not include required information or if the information is limited, will not be considered in the scoring.

Do not include your name or your school's name on this page.

Check all of the criteria for which you qualify.

Priority One Qualifications:

Language capacity

____: I am able to provide services to consumers in one of the identified threshold languages.

My second language capacity is: _____

Multicultural capacity

____: I am able to provide multiculturally competent services to consumers living in high need areas.

My Multicultural capacity is: _____

DMH Employment or Field Placement Experience

____: I have prior or current employment experience or placement training in a DMH operated or contracted agency. Indicate the name, address, and city of employment or placement agency, and dates of service:

Priority Two Qualifications:

Public Mental Health Experience, Training or Curriculum Specialization Serving Older Adults

____: I have prior experience, placement training, or curriculum specialization serving older adults in public mental health care. Indicate the type of specialization and where experience and/or training took place:

Public Mental Health Experience, Training or Curriculum Specialization Serving Veterans

____: I have prior experience, practicum training, or curriculum specialization serving veterans in public mental health care. Indicate the type of specialization and where experience and/or training took place:

Non-DMH Field Placement Training

____: I have field placement training (practicum) at a non-DMH community site that will prepare me to provide services within the DMH delivery system as promoted by the principles and values of the Mental Health Service Act. Indicate the name, address and city of the practicum site and dates of service. Describe the specialized training received that prepared you for public mental health service:

2. Selection of Employment Preference

LAC DMH has identified four service provider areas (SPAs) in the county as “high need areas” (or difficult to recruit), five “high need program areas” and one “specific area”. Students awarded a stipend will be required to complete the 12 month employment obligation in one of the high need areas or high need programs. Students selecting the specific area will be required to complete the employment obligation in an agency serving Older Adults. Students need to select the employment preference areas in which they are committed to fulfill their employment obligation if awarded a stipend.

Check the Areas you are willing to work.

Service Areas

- SPA 1 – Antelope Valley
- SPA 4 – Downtown Los Angeles
- SPA 6 – South Los Angeles
- SPA 7 – East Los Angeles

Programs Areas

- MHSA Funded Programs
- Specialized Foster Care (Katie A)
- Older Adult Services
- Veteran Services
- Correctional Mental Health (Juvenile Justice or Jail System)

Specific Area

- I am specifically interested in Older Adult Services and I am committed to focus my employment search and job selection on working with Older Adults. Please consider me for one of the Older Adult specific stipends.

Completing Employment Obligation in Service Areas Selected:

Students awarded a stipend will be expected to search for and accept employment in one of the employment preference areas selected to meet their employment payback obligation. Documentation of job search as stipulated in the payback agreement will need to include efforts to secure employment in all of the employment preference areas selected.

Application Deadline is November 5, 2014

Applications postmarked after the deadline will not be accepted. Only applications mailed with original signatures will be processed. Do not include résumés or letters of recommendation. Mail the completed application (three pages), the typed essays and the W-9 tax form (signed and dated) to:

José Luis Flores, MA, LMFT
Los Angeles County MFT Stipend Program
Phillips Graduate Institute
19900 Plummer Street
Chatsworth, CA 91311

Thank you for your interest in public mental health practice and for your application to the MFT Stipend Program. The Los Angeles County Department of Mental Health reserves the right to re-evaluate current workforce priorities and identify new priorities during the term of the agreement.