



Complete Application & email to [CASACAPPLICATIONS@resourcetraining.org](mailto:CASACAPPLICATIONS@resourcetraining.org) or Fax to 718-871-7433  
Attn: CASAC-APPLICATION

### DOH Health Workforce Retraining Initiative CASAC Program Intake Form

Date of Application Submission: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*This initiative will provide the 350-hour education training program, the \$100.00 to OASAS for the CASAC application fee. In addition, under this initiative, we offer free preparation test upon completion of the educational portion. Schedules will be announced.*

Please fill out the entire application. Most questions are “statistically” related for future funding information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

*This initiative is for the 350-hour CASAC (Credentialed Alcohol and Substance Abuse Counselor) education course **ONLY**.*

**If accepted, I will attend the: (Check One)**

Brooklyn: \_\_\_\_\_ Day Program                      Staten Island: \_\_\_\_\_ Evening Program  
                  \_\_\_\_\_ Evening Program

**(Office ONLY)**

Date of Intake Interview: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Training Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Completion Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student File ID#: \_\_\_\_\_

**How did you hear about this program?**

My Agency Referral \_\_\_\_\_  
Friend \_\_\_\_\_ Co-worker \_\_\_\_\_  
Other (Specify) \_\_\_\_\_

**General Information**

2. Gender: Male \_\_\_ Female \_\_\_ Choice \_\_\_\_\_      3. Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      4. Age: \_\_\_\_\_

5. Ethnicity:  
\_\_\_ African American  
\_\_\_ Latino  
\_\_\_ Asian  
\_\_\_ Caucasian  
\_\_\_ Other (Specify) \_\_\_\_\_

6. Marital Status:  
\_\_\_ Married  
\_\_\_ Never married, living with partner  
\_\_\_ Never married, not living with partner  
\_\_\_ Separated  
\_\_\_ Divorced  
\_\_\_ Widowed

**7. What is your first language?**

- 1. English
- 2. Spanish
- 3. Other (Specify): \_\_\_\_\_

**8. Are you a United States Citizen?** \_\_\_ Yes \_\_\_ No (If YES, skip to question #9)

- a. In what country were you born? \_\_\_\_\_
- b. How many years have you lived in the United States? \_\_\_\_\_

**General Employment History**

**9. Are you employed now?** \_\_\_ Yes \_\_\_ No **9.5 Have you EVER worked in the healthcare field?** \_\_\_ Yes \_\_\_ No

Is this/was this an OASAS or OMH licensed facility? \_\_\_ Yes \_\_\_ No

Agency: \_\_\_\_\_ How long at this agency? \_\_\_\_\_

Agency Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Wages: \_\_\_\_\_ per \_\_\_\_\_ (hour, day, week, month, year)

**Do you receive employee Health Benefits?** \_\_\_ Yes \_\_\_ No

**Education & Credential Specific**

**10. Highest education completed:** *The Department of Health contract is specifically designed for participants who are in need of the full 350-hour education requirement. Therefore, if the applicant has a Masters Degree with any applicable education hours, they will not be accepted into this program.*

- \_\_\_ High school diploma
- \_\_\_ GED
- \_\_\_ Some college/vocational
- \_\_\_ College degree (Degree/s is : \_\_\_\_\_)
- \_\_\_ More than college

**11. Do you have any other applicable CASAC hours?** \_\_\_ Yes \_\_\_ No (if NO then skip to question #12)

*If YES, please note this initiative is for those need the entire 350-hour curriculum from TRTC. Hours from other sources will not be honored under THIS initiative.*

**Legal / Alcohol/Substance**

12. Do you have a felony past or present?  Yes  No If YES, the charge? \_\_\_\_\_

a. If YES, were you incarcerated?  Yes  No If YES, how much time did you serve? \_\_\_\_\_

b. Are you currently on probation or parole?  Yes  No

**POI:** Your CASAC application will not be processed without a signed Criminal Background Check Consent Form.

**Alcohol/Substance Issues**

13. Do you have a history of drug or problem alcohol use?  Yes  No

14. Are you currently in a treatment program (Including Outpatient)?  Yes  No (If YES, where): \_\_\_\_\_

15. Have you ever been in a substance use treatment program?  Yes  No ( If YES, where ): \_\_\_\_\_

16. Have long you been out of the treatment program? \_\_\_\_\_ Do you have a completion certificate?  Yes  No

**ALL ANSWERS ARE PROTECTED UNDER CONFIDENTIALITY LAWS.**

**Physical Health**

In case of any emergencies that may affect your ability to attend the course OR other health issues that may arise during the course, we need to ask these questions in order to assist you or if needed, call an ambulance. If the medical or mental illness/condition/disease will have no impact on your ability to attend this training, then fill in N/A.

17. Do you have any medical issues that you are currently being treated for?  Yes  No  NA

If YES, please specify: \_\_\_\_\_

18. Do you have any health issues that may affect your ability to attend the training?  Yes  No

If YES, please specify: \_\_\_\_\_

**Mental Health**

19. Have you ever been hospitalized for any psychiatric issues?  Yes  No  NA

20. Do you have a history of any other mental health issues?  Yes  No  NA

21. Are you currently receiving outside therapy or counseling?  Yes  No  NA

22. Were you ever a victim of abuse or domestic violence?  Yes  No  NA

Please give 2 specific reasons why you are interested in attending this 350-hour CASAC course?

1.

2.

*If accepted, you may not change the program location or time frame of your training. All students will receive an orientation, student policy and procedures, and must contract to complete all hours within the time frame of this program.*

**I have read, understand and responded to all questions on this application.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

TRTC Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF ONLY:**

Is the applicant ACCES Eligible?  Yes  No

The applicant is currently or has previously worked in the health care field and is therefore eligible for the HWRI Grant.  Yes  No