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| PAGE 1 OF 3 | | |  | | | | | | | | Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 1. Personal Information | | | | | | | | | | | | | | | | |
| a. Last Name: | Click here to enter text. | | | | | | | d. Gender:  Select an item.    Click here for “Other”. | | | | | e. Do you identify as a  member of the  transgender  community?   (optional)  Select an item. | | | |
| b. First Name: | Click here to enter text. | | | | | | |
| c. Middle Name: | Click here to enter text. | | | | | | |
| **f. SOM File Transfer Area Username:** Click here to enter text. \*This is the user ID which is used to submit application materials into the State of Michigan's (SOM) File Transfer Area. The user ID typically  consists of your full last name, the first initial of your first name, and four numbers. *(Example: For Bob Smith, this could be smithb1234.)* | | | | | | | | | | | | | | | | |
| **g. Home Address:** | | | | | | **h. City:** | | | | | | **i. State:** | | | | **j. Zip Code:** |
| Click here to enter text. | | | | | | Click here to enter text. | | | | | | Select Item | | | | Enter text. |
| **k. Personal Email:** | | Click or tap here to enter text. | | | | | | | | | | | | | | |
| **l. Work Email:** | | Click or tap here to enter text. | | | | | | | | | | | | | | |
| **m. Additional Email:** | | Click or tap here to enter text. | | | | | | | | | | | | | | |
| **n. Cell Phone:**  Click here to enter text. | | | | | **o. Home Phone:**  Click here to enter text. | | | | **p. Work Phone:**  Click here to enter text. | | | | | | **q. Work Extension:**  Enter here. | |
| r. Are you a U.S.  Citizen?  Yes  No  \*PLEASE NOTE: You must  be a United States  Citizen to participate. | | **s. Date of Birth**(xx/xx/xxxx) Enter text. | | | | | **t. Are you a** **Veteran?**  Yes  No | | | **u. Race/Ethnicity:** (check all that apply) American Indian / Alaskan Native  Asian  Black / African American  Hispanic / Latino (any race)  Native Hawaiian / Other Pacific Islander  White  Two or More Races  Other: Click here for “Other”. | | | | | | |
| v. Have you previously  applied to BHLRP,  previously known as  the MI Kids Now Loan  Repayment Program?  Yes No | | | | w. Are you currently (or were you previously)  enrolled in a student loan repayment program?  Select an item.  Enter program name here, if not shown above.  \***NOTE**: Excludes the Public Service Loan Forgiveness Program (PSLF). | | | | | | | | | | **x. If “yes” to previous,** **please indicate your**  **Contract End Date:**  10/31/2024  04/30/2025  09/30/2025  Enter date here. | | |

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| PAGE 2 OF 3 |  | | | | |
| **2. Profession & Education Information** | | | | | |
| **a. Current Professional DESIGNATION:**  \*This indicates any professional licensure or  educational certification you may hold.  Select an item. | | | b. Patient Demographics    \*Select the patient group to which you provide  behavioral services.    Select an item. | | |
| **c. Current JOB TITLE:**  **\***This is different from your professional designation, and can be found on the job posting for your current position;  in your employee / human resources portal through your agency; in your email signature; etc.  Please also include your position level, if applicable.  Click here to enter text.  **\*Examples of a full job / position title include:***Social Worker, Case Manager II, Clinic Manager, Team Lead, Analyst,   School Counselor, Administrative Assistant, Whole Child Systems Supervisor, Utilization Management Coordinator,*  *Teacher, Program Manager, 31N Student Mental Health Counselor, Program Specialist III, etc.* | | | | | |
| **d. Sponsoring Agency (EMPLOYER) Name:** Click here to enter text. | | | | | |
| e. Practice Site Setting:  Community Mental Health Authority (CMH) or Tribal Health Center  Public School or Public-School Based Setting  Non-Profit Organization, Outpatient Clinic, or Community Center | | | | f. Do you anticipate that you will  remain employed with your  current agency or employer from  10/01/2025 to 09/30/2027?  Yes  No | |
| **g. License Number:** *(required)*  Click here to enter text. | | **h. State of Licensure:** Click here to enter text. | | | **i. NPI Number:** (required) Click here to enter text. |
| **j. Highest Level of Education:**  Select an item. | | **k. Most Recent College Attended:**  Click here to enter text. | | | **l. Graduation Date:** Click here to enter text. |
| **m. Bachelor’s Degree Major:**  Click here to enter text.  \*Example: BSW, BS in Psychology, etc. | | **n. Graduate Degree Program:** Click here to enter text.  \*Example: MSW, MPH, Masters in Psychology, etc. | | | **o. Doctoral Degree Program:** Click here to enter text.  \*Example: PsyD, DSW, MD, DO, DNP, etc. |
| **p. Post-Graduate Program:**  Click here to enter text.  \*Example: Residency, Fellowship, Certificate, etc.. | | q. Are you currently enrolled in a  secondary education program? YesNo | | | q. Will you be enrolled in a  secondary education program  between 10/01/25 - 09/30/27?  Yes  No |
| \*PLEASE NOTE: Any student loans taken out *after* an applicant becomes enrolled in a state loan repayment program (such as BHLRP) are not eligible for repayment. In order for a student loan(s) to be eligible for repayment under this program,  the degree program must be completed prior to enrollment into the loan repayment program. | | | | | |

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| 3. Job Description & Worksite Information | | | |
| a. Please estimate how many hours your  average work week is comprised of.  *Example:* 40 hours, 37.5 hours, etc.  Click here to enter text. | | b. Please estimate your average weekly patient case load.\*  \*Number of patients or clients seen for direct care services each week.  Click here to enter text. | |

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| --- | --- |
| **Worksite Information:** | |
| **How many hours per week do you spend working out of various (varying)\_**  **COMMUNITY-BASED locations?** *(such as public libraries, parks, coffee shops, etc.)\_* | Click here to enter text. |
| **How many hours per week do you spend providing HOME-BASED services\_**  **through patient homes or apartments?** *(does not include inpatient care centers)\_* | Click here to enter text. |
| **How many hours per week do you spend providing INPATIENT CARE services\_**  **through residential care facilities, inpatient hospitals, or inpatient clinics?\_** | Click here to enter text. |
| How many hours per week do you spend providing TELE-HEALTH services from\_  YOUR PERSONAL HOME OR RESIDENCE? *(including video or phone appointments, etc.)*\_ | Click here to enter text. |
| How many hours per week do you spend providing TELE-HEALTH services from  **YOUR PLACE OF EMPLOYMENT?** *(at the locations listed on your Practice Site Application)* | Click here to enter text. |
| How many hours per week do you spend providing IN-PERSON services from  YOUR PLACE OF EMPLOYMENT? *(at the locations listed on your Practice Site Application)* | Click here to enter text. |
| **TOTAL Number of Hours Worked Per Week at All Worksite Locations:\_** | Click here to enter text. |
|  | |
| **Job Description Information:** | |
| **For each section below, please provide an estimate of the number of hours spent per week providing**  **services within the following areas. The total number of hours should add up to roughly 40 hours per week.** | |
| **Connection to Healthcare Services and Resources:\_**  *(assisting patients or families with linkage to behavioral health services)\_* | Click here to enter text. |
| **Behavioral Health Assessment and Diagnosis Services:\_**  *(mental health screening, intake and evaluations, assessment of patient needs)*\_ | Click here to enter text. |
| **Behavioral Health Care Coordination and Planning Services:\_**  *(planning and coordinating care services, development of treatment plans)*\_ | Click here to enter text. |
| **Direct, One-On-One Behavioral Health Treatment and Care Services:\_**  *(providing therapy, counseling, social work, or other direct clinical mental health services)*\_ | Click here to enter text. |
| **Charting, Reporting, Scheduling, Patient Correspondence, or\_**  **other Administrative Tasks:\_** | Click here to enter text. |
| **Supervisory, Team Lead, Executive Leadership, or\_**  **other Management Tasks:\_** | Click here to enter text. |
| **Program Development, Program Coordination, or\_**  **other Program Management Tasks:\_** | Click here to enter text. |
| **All Other Tasks:\_**  *(If applicable)*\_ | Click here to enter text. |