

## Application for SSP Training

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ ZIP \_\_\_\_\_  
County \_\_\_\_\_ E-mail \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell \_\_\_\_\_ Videophone \_\_\_\_\_ TTY \_\_\_\_\_

### How do you communicate? Check all that apply

\_\_\_\_\_ Sign Language (Preferred mode \_\_\_\_\_)  
\_\_\_\_\_ Voice  
\_\_\_\_\_ Other: \_\_\_\_\_

### What method of correspondence works best for you? Check all that apply

\_\_\_\_\_ E-mail  
\_\_\_\_\_ Text messaging  
\_\_\_\_\_ Video Phone  
\_\_\_\_\_ Braille  
\_\_\_\_\_ Large Print (what font is best for you \_\_\_\_\_)  
\_\_\_\_\_ Text files  
\_\_\_\_\_ PDF  
\_\_\_\_\_ US Mail

**Do you have any food allergies or special diet requests?** \_\_\_\_\_

If yes, please indicate how best to accommodate you.

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If you will require accommodations to fully participate in the training, please explain what accommodations you will need: (For example ASL interpreter, Braille handouts, etc.)

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### **Support Service Provider (SSP) Background**

\_\_\_\_\_ I do not have experience as a Support Service Provider  
(Please explain why you want to participate in SSP Training)

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\_\_\_\_\_ I have participated in a formal SSP Training program  
(Please provide additional information, curriculum, when, where, trainer)

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\_\_\_\_\_ I have prior experience as a Support Service Provider  
(Please provide a description of your prior experience.)

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## Orientation & Mobility

Do you have prior training in orientation and mobility provided by a certified Orientation & Mobility instructor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain when, where, and by who. \_\_\_\_\_

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Please provide any additional information you would like to share about yourself.

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Signature of Individual completing application.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## CILCP Staff use only

**Date application received in office:** \_\_\_\_\_  
(Date)

### Checklist of information provided to consumer:

- \_\_\_\_\_ Training date confirmed
- \_\_\_\_\_ Independent Contractor Agreement
- \_\_\_\_\_ Professional Code of Conduct
- \_\_\_\_\_ W-9
- \_\_\_\_\_ Childline Form (Response Received \_\_\_\_\_)
- \_\_\_\_\_ Criminal Background Form (Response Received \_\_\_\_\_)
- \_\_\_\_\_ Publicity Release Form
- \_\_\_\_\_ Liability Waiver

NOTES: \_\_\_\_\_  
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Center for Independent Living of Central PA  
Deaf-Blind Living Well Services (DBLWS)  
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