

DeafCAN! (Deaf Community Action Network)
730 S. New St.
West Chester, PA 19382

Support Service Provider Application

Name: _____

Address: _____

County: _____ **Email:** _____

Phone: _____ This is a: **voice** Text TTY VP

I have worked and/or volunteered as an SSP before: ___Yes ___No

If yes, where and when?

Communication Skills

<u>Mode:</u>	<u>Sign Language</u>	<u>Skill Level (Please Mark):</u>				
		Beg	Int	Adv	DDHH	RID
<input type="checkbox"/> Visual	<input type="checkbox"/> American Sign Language (ASL)	___	___	___	___	___ (CI, CDI, NIC)
<input type="checkbox"/> Tactual	<input type="checkbox"/> Signed English	___	___	___	___	___ (CT)
	<input type="checkbox"/> Fingerspelling	___	___	___		
	<input type="checkbox"/> Other: _____	___	___	___		
	<u>Speech/Spoken Language</u>	<u>Skill Level (Please Mark):</u>				
		Beg	Int	Adv	DDHH	RID
	<input type="checkbox"/> Voice-Over (ALDs)	___	___	___		
	<input type="checkbox"/> Oral Interpreting	___	___	___	___	___
	<input type="checkbox"/> Other: _____	___	___	___		

Guiding/Travel Techniques

I have received training in proper human guide techniques. ___ Yes ___ No
If yes, where and when?

I have experience with individuals who use white canes. ___ Yes ___ No

I have experience with individuals who use dog guides. ___ Yes ___ No

I am willing to provide human guide on public transportation or paratransit. ___ Yes ___ No

I am comfortable using the following mode(s) of public transportation:

Bus Train Taxi Paratransit

I have a valid driver’s license, registration and insurance and willing to drive consumers **Yes**

Please check all counties we currently serve that you would be willing to provide services in (understand that generally mileage is not paid to go to or from your first job of the day):

Chester Delaware Phila Bucks Montgomery
Berks Lebanon Lancaster

SSP Interests

I want to be a Support Service Provider because: _____

Please attach copies of any certifications, licenses or other relevant documentation, as well as a resume that includes not only your work experience, but also your volunteer and community service activities, particularly as they relate to persons with disabilities, deafness, blindness and/or deafblindness.

Please provide us with two references who are involved in the deafblind, deaf and/or blind communities:

Reference #1: _____

Phone: _____ Voice TTY VP E-mail: I

Reference #2: _____

Phone: _____ Voice TTY VP

I am interested in being an SSP for the following kinds of activities:

- Work related activities: interviews, trainings
- Meetings, conferences, trainings, night school
- Daily errands: shopping, dry cleaner, post office
- Household management: reading mail, completing forms
- Doctor, dental, and other medical and mental health appointments
- Community activities Other: _____

I would like to be an SSP for a: Female Male Either

I would like to be an SSP for a smoker. Yes No Doesn’t matter

I understand that I must have a criminal background check and child abuse clearance.

I understand that I must successfully complete the SSP training program before I can become an Approved SSP.

Please check here if you require any accommodations related to a disability for the SSP Training. Please provide details: _____

Please mail this completed form to: **Bill Lockard, Program Director**
DeafCAN!
730 S. New Street, West Chester, PA 19382

OR scan and e-mail this form to: **BillLockard@deafcanpa.org**