



LACDMH MFT STIPEND APPLICATION 2019-20

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 student's personal email address. 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, 2020.

Read the *LACDMH Stipend Program information 2019-20* before completing the application.

APPLICANT IDENTIFYING INFORMATION

Name: (Please Print) _____

Student Address: _____

Student Permanent Address: _____

Personal Email: 1. _____ (Print legibly) School Email: 2. _____ (Print legibly)

Cell Phone: _____ Home Phone: _____ Date of Birth: __/__/__

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 to your application. Limit each essay response to 150 words. Essays must be typed, double spaced using 12 point font. Do not include your name or name of your school.

- 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 seven objectives of the LAC DMH Stipend Program.**

1. Selection of Qualifying Criteria

The LACDMH has identified specific priorities for workforce recruitment that will guide the selection of applicants for the stipends. Priority One Qualifications address higher workforce needs and will earn more points than Priority Two Qualifications. Indicate with a check mark your qualifications, completing 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 in this page.

Priority One Qualifications

Check all the criteria for which you qualify.

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 culturally 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

Check all the criteria for which you qualify.

Check only the boxes of those criteria for which you qualify.

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:

I would like to work in an Older Adult Services position upon graduation.

Public Mental Health Experience, Training or Curriculum Specialization Serving the Homeless Population

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

I would like to work in a Homeless Services position upon graduation.

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:

I would like to work in a Veteran Services position upon graduation.

Priority Two Qualifications (continued)

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 describe the clinical experience and the specialized training received that prepared you for public mental health service:

2. Selection of Employment Preferences

LACDMH has identified four geographic areas and five program areas as “high need” for the employment of mental health professionals. The geographic areas are known as SPAs, service provider areas, in the county’s delivery system. The program areas focus on the service to specific populations and on services provided through specified funding sources. Students awarded a stipend will be required to complete employment obligation in one of the high need geographic areas or high need service programs. Therefore, student-applicants must select the employment preference of a geographic service area and of a program area and will be expected to fulfill employment in those selected preferences if awarded a stipend. The county will assure that all the employment preference areas will be served by the stipend recipients.

Geographic Area Employment Preference:

Please indicate with a check mark your choice of the geographic service area you want to find employment to fulfill your obligation if selected as a stipend recipient.

Select just one choice.

Geographic Service Areas

- | | |
|---|--|
| <input type="checkbox"/> SPA 1 – Antelope Valley | <input type="checkbox"/> SPA 6 – South Los Angeles |
| <input type="checkbox"/> SPA 4 – Downtown Los Angeles | <input type="checkbox"/> SPA 7 – East Los Angeles |

Program Area Employment Preference:

Please indicate with a check mark your choice of the program area you want to find employment to fulfill your obligation if selected as a stipend recipient.

Select just one choice.

Program Service Areas

- | | |
|---|---|
| <input type="checkbox"/> Older Adult Services | <input type="checkbox"/> MHSA Funded Programs and Services |
| <input type="checkbox"/> Veteran Services | <input type="checkbox"/> Specialized Foster Care (Katie A) Services |
| <input type="checkbox"/> Homeless Services | |

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.

APPLICATION DEADLINE: October 23, 2019
Mail application, essays and W-9 form to Phillips Graduate University,
LA County MFT Stipend Program, 19900 Plummer Street, Chatsworth, CA 91311
Keep a copy of your completed application.