WORK Independent Living Counselor Qualifications and Responsibility Form

This form is required before you can be approved to start providing WORK ILC services. This form is also required annually to provide updated contact information and your twelve hours of standardized training in order to continue to be approved to provide WORK ILC services.

ILC Name:				
Agency Name:				
Address:				
City:	State:	Zip:		
Telephone Number(s):				
	rolled as a Kansas Medicaid Assistance	Yes No		
List of counties that you	serve:			
must be identified. Name and contact	rup or supervisor listed. At least 1 backur t information of a back-up person when the same qualification of the same qualification.	you are ations as a <i>WORK</i>		
Telephone Numbe				
E-mail address:				
Name of Superviso	t information of your supervisor: or:			
Please check appropriate Serve only I/DD popu Serve only PD popu	pulations			
Serve only TBI populations				
Serve any population	ons			
Please indicate which MC	Sunflower United	pplicable.		

WORK Independent Living Counselor Qualifications and Responsibility Form

Do you have a minimum of six months experience with a disability	as as			
recognized by the Rehabilitation Act of 1973?				
Do you have a minimum of one-year professional experience providing				
direct services, including case management (working directly with people				
with a variety of disabilities) and have completed at least twelve hours of				
standardized training annually?				
Please provide the following information (for new ILCs only):				
Have you completed the two-hour				
WORK orientation training? Date of training:				
Have you completed and passed the				
web-based WORK Independent				
Living Counseling examination? Date of training:				

Please provide the following information (for existing ILCs only):

As part of ILC qualifications for the WORK program ILCs must complete at least twelve hours of standardized training annually.

Name of Training	Brief Description of Training	Date of Training	Number of Hours Received

WORK Independent Living Counselor Qualifications and Responsibility Form

Name of Training	Brief Description of Training	Date of Training	Number of Hours Received

As a WORK Independent Living Counselor, you are required to participate in all state mandated WORK and independent living counseling trainings to ensure proficiency of the program and services rules, regulations, policies, and procedures set for by the KDHE.

If at any time you are unable to continue providing *WORK* ILC support for a *WORK* participant, you must notify the *WORK* Program Manager in writing two weeks prior to ending ILC support. You must also notify in writing both the participant and the participants MCO Case Manager/Care Coordinator prior to ending ILC support. It will be your responsibility to assist the participants you serve to locate a new ILC prior to ending ILC support.

By signing this form, you certify that the abo	ve is accurate and true.
ILC Signature	Date