

**Office of Developmental Programs and Cornell University  
Work Incentives Practitioner Certification Program**

**Application**

*This application is an attachment to ODP Communication 22-029. Applications must be submitted to Laura Cipriani at [lcipriani@pa.gov](mailto:lcipriani@pa.gov) no later than April 1, 2022.*

**Organization Name:**

**MPI Number:**

**Name and Title of person submitting application:**

**Phone Number:**

**Email Address:**

**County/Administrative Entity with which your organization is qualified?**

1. Provide a brief background of your organization and the reason(s) why your organization is applying to send a staff person(s) to the Work Incentives Practitioner Certification Program.

2. Select the services from the box below which your organization is currently enrolled with ODP to provide. For each service that is provided, specify the counties in which your organization is enrolled to provide services and the number of people served for each service.

	Enrolled? (Yes/No)	Counties	Number Served
Supported Employment	Yes No		
Advanced Supported Employment	Yes No		
Small Group Employment	Yes No		
Community Participation Support prevocational services	Yes No		
Benefits Counseling	Yes No		

3. In what counties will your organization provide Benefits Counseling?
  
4. Do you currently have any staff persons that hold a Community Work Incentives Counselor Certification or Work Incentives Practitioner credential? Yes  No   
If yes, how many?
  
5. Is your organization enrolled to provide services through the Office of Vocational Rehabilitation? Yes  No
  
6. Name and title of the Work Incentives Practitioner Certification candidate(s):
  
  
  
  
  
  
  
  
  
  
7. How long has this person(s) been employed by your organization?
  
  
  
  
  
  
  
  
  
  
8. Describe the candidate's education and applicable training experience. Include any credentials/certifications the staff person(s) holds.
  
  
  
  
  
  
  
  
  
  
9. In general, describe the staff person's current work duties.

10. Describe why your agency is seeking the Work Incentives Practitioner credential for this staff person(s). Include the following at a minimum:

- The scope of work for the staff person(s) after credential is obtained.
- What percentage of the staff person's time will be dedicated to delivering Benefits Counseling?
- How will staff delivering Benefits Counseling and other employment-related services work together?
- Your organizations' plan to implement, educate and promote Benefits Counseling within the disability community.

11. Briefly provide any additional information that you believe to be pertinent to this application: