

Child Welfare Partnership Child Welfare Education Program Tuition & Education Support Application 2020-21 Academic Year

Thank you for your interest in the Child Welfare Education Program (CWEP). The mission of the CWEP is to improve outcomes for children and families by strengthening Oregon's public and tribal Child Welfare workforce. The program offers tuition assistance and an enriched educational curriculum to Child Welfare employees and Child Welfare recruits committed to social work careers within Child Welfare.

Awards are contingent upon:

- Admittance into Portland State University
- AND admittance into Portland State University's School of Social Work BSW or MSW programs

Post-graduation Repayment Agreement:

- Upon graduation, award recipients must maintain employment with Oregon Department of Human Services (DHS), Child Welfare Programs or Tribal Child Welfare with one of the 9 federally recognized tribes in Oregon, in repayment of the tuition assistance for the number of years that the student received tuition support (ie: 2 years of support is equal to 2 years of employment).
 - **** Award recipients who are not already employed by Oregon DHS Child Welfare or Tribal Child Welfare (recruits) must:
 - Interview for ALL qualifying positions as an SSS1 or higher <u>up to 70 miles one-way</u> from their home address. It is important to note that you must also respond and attend ALL invitations to interview. Failure to respond to an interview invitation could result in being dropped off the priority interview list and further invitations.
 - Accept an offer of employment in a qualified position up to 70 miles one way from their home address within 6 months of graduating. Employment is not guaranteed and recipients must be hired on their own merits.

Please complete and return the following application materials: (Please read through all requirements before starting the process.)

- A. **Application for Tuition & Educational Support form.** (All required information has an asterisk (*) next to it.)
- B. **Personal Statement Questions** of no more than 1000 words for all questions combined (an average of 200-300 words per question), regarding your reasons for applying to CWEP. Please number each response in alignment with the questions below and clearly and concisely answer each question prompt. (*Please do not use the "personal statement" submitted with your School of Social Work application.*)
 - 1. How do your professional goals and career aspirations align with a long-term career in Child Welfare after graduation?
 - Please describe your experience working with people different than yourself (race/ethnicity, gender, disability, or sexuality etc), particularly any experience with children and families involved with or at risk of involvement with Child Welfare.
 - 3. The mission of CWEP is to improve outcomes for children and families through the education of the public and tribal Child Welfare workforce. Please describe what you hope to learn through the BSW or MSW program that will enhance your skills working in Child Welfare.

4. Please read the scenario below and answer the following questions: Discuss the issues and dynamics that would be relevant in working with each of the family members. How does this case impact you and your belief system?

Maria and Carlos are ages 4 and 6. They lived with their parents until their maternal grandmother called the child abuse hotline telling them that she suspected her son-in-law of inappropriate sexual contact with her grandchildren when her daughter (the mother) was at work during the evening hours. When interviewed, the children kept changing their story. The father vehemently denies any abuse ever happened. Because the grandmother has never approved of their marriage, the children's mother believes the father. The children were temporarily placed in the grandmother's home rather than in foster care.

- C. One copy of your resume. (For each job or volunteer opportunity please include: 1) Job Title, Agency, and Location,
 - 2) The month/year for BOTH start and end dates, 3) The job duties you performed and skill set you utilized, and
 - 4) Please name the diverse populations you worked with, if any.
- D. Signed "Release of Information Consent" to allow members of the PSU/DHS Selection Committee to review your application for admittance to the School of Social Work and your application to the Child Welfare Education Program.
- E. Three completed Letters of Reference. If you are currently a student in the School of Social Work, it is preferred that one letter of reference be from an instructor in the school. Please note current DHS employees must have their supervisor provide a letter of reference. Your references are being asked to return their letters of reference to you in a sealed envelope with their signature on the back over the closed flap (you will include these when you mail your application packet) or via email to Laurie Leasure. Please see "Letter of Reference" section for e-mail guidelines. (We request two of your references be different from your SSW Application.)

For current DHS Child Welfare staff only (* Please note while Tribal Child Welfare employees are highly encouraged to apply, the requirements below apply only to DHS employees and no additional materials are needed for Tribal Employees):

Signed DHS/Management Team Approval. DHS Child Welfare employees must be employed by Oregon Child Welfare at least two consecutive years by the CWEP application due date, January 15th.

For Recruits only (not an employee of Child Welfare), complete the following tasks:

- H. Complete the Child Welfare Education Self-Assessment (you do not need to attach this with your application). Please note: All materials listed above in A-E (and F for DHS CW employees) must be submitted together as a packet. Reference forms and letters can be returned to the applicant, or a reference may scan and e-mail the completed reference form and letter. (Please see the "Letter of Reference" form for directions. If e-mailed the applicant needs to include the list of reference names with their application.) Also, please print off and sign the application where it asks for your signature).
- I. View the realistic job preview videos: "Child Protective Services; Permanency, Screening; and Certification" (links provided inside the Child Welfare Education Self-Assessment above).

Applications may be scanned and e-mailed (if e-mailed, type in the subject line: <u>2020-21 CWEP Application - Applicant Name</u>), or Postmarked no later than January 15, 2020. Please mail all materials to: Laurie Leasure, Child Welfare Education Program, Richard & Maurine Neuberger Center, Center for Improvement of Family and Children Services, Portland State University, 1600 SW 4th Avenue, Portland, OR 97201

Please contact Laurie Leasure, CWEP Program Assistant for questions or exceptions to the application due date. She can be reached at 503.725.8284 or lleasure@pdx.edu.

Portland State University and the Oregon Department of Human Services are affirmative action/equal opportunity institutions. Please notify us if you require accommodation.

APPLICATION FOR TUITION & EDUCATIONAL SUPPORT CHILD WELFARE PARTNERSHIP/CHILD WELFARE EDUCATION PROGRAM

*Last Name:	*First Name:	*Middle:
*Home Address:		
*Primary Phone:	*Sec	cond Phone:
*E-mail:		*Date of Birth:
*PSU Identification Number	(if applicable):	
*Have you applied for the Child	Welfare Education Program before	e?
* Will you be applying for the	MSW Culturally Responsive Leade	rs Program (CRL)?
Please click on www.pdx.edu/	ccf/culturally-responsive-leaders fo	or more information.
*Program: (please select one	program)	
I am applying for the BSW Ch Campus Option Or		unding beginning fall term of my senior year. I am a BSW
program. SSW Campus (Po		ave applied for, or I am enrolled in the following
☐ MSW Online Option☐ MSW Distance Option (si	te):	
*Which year of the MSW prog	gram will you be applying for? Third year of the MSW prog	ram.
Work: *Current Employer:		
*Business Address:		
*Business Phone:	*Busir	ness Fax:
*Position/Job Title:	*Che	eck one: Full time Part time Other:
*Supervisor:	*Su	pervisor Phone #:
*Supervisor Email:	* Dr	ogram Manager:

*Applicant Signature (Print and Sign Here)	*Date
I understand continuation of this program is contingent upon future fun	ding.
*Documentation: Please check off what has been completed below. The Personal Statement Questions Copy of resume, formatted per the instructions above Three completed letters of reference (if sending by email, please Consent to review SSW file For DHS staff only: Signed DHS Management Team Approval For Recruits (non DHS Child Welfare employees) only: I have completed the four realistic job preview Permanency, Screening; and Certification."	e submit a note including reference name) and Letter of Reference ompleted the Self-Assessment.
Outcome:	
Date:	
State:	
Offense:	
Criminal Record: Students have to be eligible for Child Welfare internship and employment riminal history will be reviewed before being accepted into a Child Welfare ertain criminal offenses or child welfare involvement may not be eligible flacement organizations. To assist us in processing your application, ple ver been convicted of any crime in any jurisdiction? No Yes information:	e field placement. Students convicted of or employment with DHS and/or some field ase complete the questions below: Have you
Are you legally authorized to work in the United States? Yes No	
Do you have a valid driver's license?	
Office/Branch/Tribe Name if CW employee:	
Are you currently a DHS/Self-Sufficiency employee? No Yes	s *Date employed(month/year):

Please complete the following information. Questions that are required ha	ave an asterisk (*) next to it.
Gender:	
Ve realize that race/ethnicity is not a biogenetically determined lassification. Select one or more races to indicate what you consider yourself to be. 1. American Indian, Native American or Alaskan Native Tribal Affiliation: 2. Asian 3. Black or African American 4. Hispanic or Latinx 5. Native Hawaiian or Other Pacific Islander 6. White 7. Middle Eastern/North Africa/South Asian 8. Other:	Which languages are you fluent in: American Sign Language Arabic Chinese English Farsi French German Hindi Italian Korean Russian Spanish Tagalog Vietnamese Other:
* Please be aware that by applying to CWEP, you are agreeing to for the following academic year regardless of your acceptance int be placed in a Child Welfare placement. This applies to apstudents, and all part-time MSW students in their final 2 years of the students.	to CWEP. Please check here that you agree to plicants who are BSW students, 2-year MSW
*Please also be aware you will be required to take a child welfare of a BSW student you can take SW 320U "Introduction to Child Welfar student, you will take a three credit elective in your advanced yea you have questions on how this applies to your specific situation.) and understand there is a child welfare elective/course that you have	re" your junior or senior year. If you are a MSW r. (You can contact CWEP staff at any point if Please check here that you have reviewed this

DHS MANAGEMENT TEAM PSU/CWEP APPLICANT APPROVAL FORM

This form must be completed for any applicant who is a current employee of DHS and wishes to participate in the Child Welfare Education Program (CWEP).

applicant Name	OR Numb	er	Date
applicant is applying for (circle one):	BSW	MSW	MSW and CRL program
*Applicants employed by DHS Self Sufficien ligible position with the Child Welfare Progra	•		on graduation, the applicant must obtain an ck option.
<u>upervisor</u>			
he above-named applicant is applying fo rogram. The applicant has discussed the ir eed for their supervisor's support for up to 3	ndividual applicatio	n process, their re	adiness for balancing school and work, and t
s the assigned supervisor of this individual, oplicant has worked for DHS for a minimum			
upervisor's Signature			Date
anagement Team			
e are aware that participation in the PSU-	CWEP requires the	ne applicant to cor	mplete the following:
 Field Placement – Sixteen (16) hour 			
 Internship – varies per program (BS) 	•	gritoori(ro) monar	o (morr)
8 to 12 hours of class per week	,		
Assigned supervisors and managem responsibilities, if accepted into the part of the p		ledge their respon	sibility to be informed of the student's
	support her/his effo	rts in school and in	t team understands that it is its responsibility n the BSW/MSW practicum requirements as leasure@pdx.edu).
		Signature	Date
Program Manager – Printed Name			
Program Manager – Printed Name District Manager – Printed Name		Signature	Date

Phone Number

Branch/Office



CHILD WELFARE PARTNERSHIP CHILD WELFARE EDUCATION PROGRAM LETTER OF REFERENCE COVER SHEET

School of Social Work	LETTER OF REFERENCE GOVER SHEET
Name of reference (please pr	int):Job Title:
Preferred address:	Phone:
Name of applicant:	
degree at Portland State Universal Partnership's Educational Prothe applicant's fit for participat applicant truthfully to the best paper. If you have concerns a in your letter of recommendation. 1. How long have you know the set let us about the set let us ab	ng for tuition and educational support to complete either a Bachelor or Master of Social Work ersity, in partnership with the Oregon Department of Human Services and the Child Welfare ogram. Your assessment of the applicant will assist the selection committee in determining tion in the educational stipend program. Please answer the following questions about the of your ability, and attach your responses to the questions below on a separate sheet of about the applicant, please note them in your letter. Please include the following information
Highly recommend	
Recommend	Comments:
Recommend with reservations	Comments:

<u>Please return your cover sheet and letter of reference</u> directly to the applicant in a sealed envelope. Please also sign the sealed envelope on the back over the closed flap, or scan and e-mail the completed cover sheet and letter of reference to Laurie Leasure at Ileasure@pdx.edu. Please type in the subject line: <u>2020-21 Reference Letter-Applicant First and Last Name</u> and attach both documents in one e-mail. Thankyou.

Signature

Date

Comments:

Do not recommend

Print Name

RELEASE OF INFORMATION CONSENT

I agree to allow members of the Portland State University, School of Social Work and the Oregon Department of Human Services Tuition and Educational Support Selection Committee to have access to my student/application file at the School of Social Work. I understand these materials may be reviewed by the committee to assist them in evaluating my application for educational assistance through the Child Welfare Education Program.

*Name (please print):			
*Signature (print and sign here):			
*D. (
*Date:	=		

Please return with your application packet. If you have any questions or concerns regarding this release, please contact Laurie Leasure, Child Welfare Education Program Assistant at 503-725-8284 or lleasure@pdx.edu.