



**Samaritan  
Daytop  
Village**  
WHERE GOOD LIVES™

# CASAC TRAINING INSTITUTE

138-02 QUEENS BLVD.  
BRIARWOOD, NY 11435  
718-206-2000, EXT. 1411

## APPLICANT INFORMATION

Name:		Today's Date:	
Current address:			
City	State:	Zip Code:	
Primary Phone:		Personal Email:	
<b>Track of Interest:</b> Tues/Thu 6-9pm <input type="checkbox"/> Mon/Tue 6-9pm <input type="checkbox"/> Saturday 9am-4pm <input type="checkbox"/>			Desired Start Date: ___/___/___

## DEMOGRAPHICS (Optional to Complete)

<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <i>If not listed, I identify as:</i> _____ <input type="checkbox"/> Prefer not to disclose			
<b>Ethnicity:</b>		<b>Age Group</b>	
<input type="checkbox"/> African/American/Black	<input type="checkbox"/> Native American	<input type="checkbox"/> 18-25	<input type="checkbox"/> 46-55
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> 26-35	<input type="checkbox"/> 56-65
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other _____	<input type="checkbox"/> 36-45	<input type="checkbox"/> Over 65
(Specify)			

## EDUCATION/WORK

<b>Education: (Mark Highest Level Completed).</b>		<b>Licenses/Credentials:</b>	
<input type="checkbox"/> Less than HS	<input type="checkbox"/> Associate degree	<input type="checkbox"/> Master Degree	<input type="checkbox"/> MSW
<input type="checkbox"/> HS/HSE/GED	<input type="checkbox"/> Bachelor degree	<input type="checkbox"/> Doctoral Degree	<input type="checkbox"/> RN/LPN
			<input type="checkbox"/> LCSW
			<input type="checkbox"/> Nurse Practitioner
			Other: _____
<b>Current Status in the Alcoholism and Substance Use Field</b>			
Are you currently employed in the alcoholism and substance use field?			
<input type="checkbox"/> Yes, indicate the number of years you have worked in the field: _____			
<input type="checkbox"/> No, indicate your current field: _____			
<b>Employees of one of the following:</b>			
<input type="checkbox"/>	OASAS-certified, funded, or otherwise authorized programs.	<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	OMH		
<input type="checkbox"/>	DOH-certified Integrated Outpatient Services (IOS-SUD).		
<input type="checkbox"/>	DOH Drug User Health and/or Harm Reduction programs.		
<input type="checkbox"/>	Other: _____		
If you are currently enrolled in an educational program, please indicate which degree or certification program:			
<b>Program:</b>		<b>Expected Date of Completion</b> ___/___/___	

**REQUIRED SCHOLARSHIP APPLICATION DOCUMENT: ESSAY WRITING SAMPLE**

**Please provide a brief essay on why you are interested in becoming a Credentialed Alcoholism and Substance Abuse (CASAC) Counselor. *Please write at least 250 words. Include in this essay why you believe you can make a difference and the qualities you possess that would make you an effective CASAC.***

## STATEMENT OF ACCURACY/AFFIRMATION

*Confirm and initial each checkbox.*

- I am not currently receiving another scholarship from the New York State Office of Addiction Services and Supports.
  
  - I affirm that all the information I have provided in this application is my work and that it is accurate to the best of my knowledge and belief.
  
  - I affirm that I am not currently receiving another scholarship from the New York State Office of Addiction Services and Supports.
  
  
  - Please initial this section **ONLY** if you agree to having your name and program selection shared with the NYS Office of Addiction Services and Supports (OASAS) for inclusion in their data collection regarding the scholarship program. This is completely voluntary and will **NOT**, in any way, affect your potential eligibility for a scholarship opportunity. Information will only be shared with OASAS if you are selected to receive, and agree to accept, an OASAS-funded scholarship award.*
-