

SUPPORT BY DESIGN, INC.

Employment Application



APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address					Apartment/Unit #		
City			State			ZIP	
Phone				E-mail Address			
Date Available			Social Security No.			Desired Salary	
Position Applied for							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

EDUCATION

High School				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES

Please list three professional references.

Full Name				Relationship			
Company				Phone			
Address							
Full Name				Relationship			
Company				Phone			
Address							
Full Name				Relationship			
Company				Phone			
Address							

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

EMPLOYMENT AT WILL

The agreement between you and Support By Design, Inc. is considered employment at will. (DLLR, MD) This means, in the absence of an express contract, agreement or policy to the contrary, an employee may be hired or fired for almost any reason -- whether fair or not -- or for no reason at all. Initials _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date



3011/3013 Montebello Tr.
Baltimore, MD 21214
Ph: 443-649-6532 Fax: 443-649-6543
www.supportbydesign.solutions

REFERRAL FORM

Do not compete if self-referral

Date of Referral: _____

Title and Agency: _____

Referred by:

Email: _____

Phone #:

Client Name: _____

Medical Assistance # _____

Social Security #: _____ DOB: _____ Age: _____

Race: _____ Gender: _____

School Name: _____ Grade: _____

School Phone #: _____

Legal Guardian(s): _____ Relationship: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Preferred Phone # _____

Additional Phone #: _____ Email: _____

Additional Legal Guardian(s) (if applicable): _____

Relationship: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Preferred Phone # _____

Additional Phone #: _____ Email: _____

Reason for referral:

Does the client have an IEP or 504? (Please circle): YES NO

Is there current CPS involvement? YES NO

Is there current DJS involvement? YES NO

Is there a current child custody or child support dispute? YES NO

Does the client have a clinical diagnosis? YES NO

Current mental health diagnosis: _____

Diagnosis given by: _____ Date of diagnosis: _____

Does client currently take medication? YES NO

Medication and dosage:

Prescribed by: _____

Does the client have any significant health problems? YES NO

If so, please explain:

Does the client currently use or abuse alcohol or illegal drugs? YES NO

Drug(s) of choice: _____

Has the client recently presented a danger to self or others? YES NO

If so, were they hospitalized? YES NO

If yes, please list hospital and date: _____

Are there any other significant concerns?

Signature of Person Making Referral _____

Date: _____



The SBD Therapy Group: *Support People, Providers, and the Profession of Mental and Behavioral Health*

Mission: The Support By Design Therapy Group (*SBD Therapy Group* or *SBDTG*) strives to provide high quality therapy, mental health and behavioral services to youth, teens, adolescents, adults, families, and targeted groups who are in need of support in navigating the vicissitudes and challenges in their life. Our goal is to enhance the quality of life of all our consumers by supporting them through each stage of life and empowering them to live a life that they can fully take pleasure in and appreciate. Day by day and session by session we will increase our bandwidth and opportunity to make a positive difference and meaningful impact on the community one individual, one couple, one family at a time.

Job Description

- I. Title: Mental Health Therapist**
- II. Responsible to:** Clinical Supervisor
- III. Minimum Qualifications:** A Master's degree in Social Work LCSW-C, Psychology LCPC. Licensed and certified to provide therapeutic treatment in the State of Maryland. Minimum (1) one year experience in a therapeutic environment.

Position Overview

The Mental Health Therapist will be responsible for assessment of clients including the development, evaluation, and modification of the plan of care. The clinician interprets and performs complex patient care procedures specific to their area of expertise. Sets objectives and goals for treatment and develops treatment plans in conjunction with the medical director, Implements and monitors treatment plan. Provides individual and/or group treatment, such as psychotherapy, supportive therapy or crisis intervention on a long term or short-term basis to various populations and age groups.

IV. Specific Responsibilities

1. Intake for and completion of psychosocial histories on all new admissions.
2. Obtaining authorization as needed and completion of treatment plans when due.
3. Supports clinical issues and make corrections and recommendations.
4. Provide individual, family and group therapy.
5. Ensure treatment arrangements
6. Have input into and assist care planning for patients. This includes completion of paperwork prior to discharge, addressing aftercare needs and placement plans.
7. Collaboration with outside agencies in order to arrange for community services beneficial to patients. And to provide ongoing collaboration between the treatment team and case workers.
8. Document patient and patient family's responsibility to individual and/or family therapy in the patient's chart on a routine basis. Document all contact with other agencies and for all sessions with patient.
9. Complete treatment plans before the fifth visit.



10. Document all arrangements made for care planning in the medical record, including completion of Aftercare Plan.
11. Responsible for supervisor signing off on chart documentation accordingly.
12. Attend and contribute to treatment planning sessions. Completion of treatment plans for assigned patients for both insurance and COMAR standards.
13. Responsible for chart overflow and breakdown. Order and respond to monthly audit forms within 10 days of receipt.
14. Conduct evaluation/mental health assessment under the supervision of appropriate credentialed staff and provide follow up services as defined.

Essential Functions

- A. Maintain (10-29 PARTIME) or (30-39 FULLTIME) billable service units per week.
- B. Complete documentation in the EMR within 72 hours of completed sessions
- C. Complete treatment plan developments before the 5th session and ensure signatures by all members of client's treatment team.
- D. Have a minimum of once monthly family therapy sessions with client present (children.)
- E. Coordinate referrals for additional levels of service as needed and requested by family.
- F. Address any and all clinical concerns with direct supervisor.
- G. Participate in weekly supervision.
- H. Maintain clients and caseload over school breaks by providing community-based services.
- I. Collaborate with service providers to ensure all areas of client's treatment needs are being addressed.
- J. Utilize evidence based therapeutic framework, counsel clients and patients, individually and group sessions, to assist in overcoming dependencies, adjusting to life and making changes.
- K. Guide clients in the development of skills and strategies for dealing with their problems using evidence-based modalities.
- L. Encourage clients to express their feelings and discuss what is happening in their lives and help them to develop insight into themselves and their relationships.
- M. Develop and implement treatment plans based on clinical experience and knowledge.
- N. Modify treatment activities and approaches as needed in order to comply with changes in client's status.
- O. Learn about new developments in their field by reading professional literature, attending courses and seminars, establishing and maintaining contact with other social service agencies.
- P. Counsel family members to assist them in understanding, dealing with and supporting clients.
- Q. Maintain confidentiality of records relating to client's treatment.
- R. Facilitate groups a minimum of once a week.



Benefit Conditions: (Only full-time eligible)

Salary/Compensation Range: \$27.00-\$55.00 per hour

Signature

Date

Print Name

Job Description Review Date	Employee Signature



Temporary Adult Assistant and Therapeutic Behavioral Aid Support

www.supportbydesign.solutions

JOB TITLE

Temporary Adult Assistant and/or Therapeutic Behavioral

SUPPORT BY DESIGN INC. MISSION AND VISION STATEMENTS

MISSION

Support By Design (SBD) strives to provide a complete range of services within the human services arena encompassing consumer groups from every age bracket. The goal of SBD is to be the leader in developing, enhancing, designing, and maintaining customized innovative service delivery initiatives that will educate, empower, and serve human needs for all clientele.

VISION

Support By Design (SBD) will provide a sustainable staffing model of education and training to be the premier provider of 1 on 1 aide support to special education students in the metro area.

GENERAL JOB DESCRIPTION

To assist with the implementation of assigned student's Individualized Education Plan (IEP) to include Behavior Intervention Plan (BIP). In addition, support with servicing student's in their Least Restrictive Environment (LRE).

QUALIFICATIONS

Education:

- Assistant/Aide must have at minimum a high school diploma or GED. Additional education may be required in specific circumstances
- Assistant/Aide must successfully complete 22 hours of training to include, but not limited to in crisis intervention, applied behavior analysis, abuse and neglect, disability awareness/confidentiality, personal policies and procedures, suicide and death of a client, personal conduct standards, emergency procedures, review performance expectations, standards and expectations, review schedule, hours, payroll and timesheets.

Experience:

- Preferred at least one year experience in human services, child care and/or educational setting
- Aid must be able to provide satisfactory work and personal references

PHYSICAL REQUIREMENTS

- Aide must be able to lift at least 35 lbs.
- Traverse 2 or more flights of stairs multiple times a day

SUPERVISOR

- Program Director





Temporary Adult Assistant and Therapeutic Behavioral Aid Support

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DUTIES AND RESPONSIBILITIES

Provide the following IEP services to children 3-21 years of age:

- Toileting and feeding assistance
- Special lifting or handling of physically disabled students for transportation
- Behavior management/intervention
- Assisting with instruction such as organizing and distributing materials
- Providing direct instructional services under the direct supervision of the classroom teacher
- Duties may be carried out on school premises, during field trips, during transportation, or any other offsite activity in which the student participates
- Aide may be assigned to more than one student within a classroom depending on the specific service needs for each child
- Aide is expected to be present whenever the student is present in school; daily hours will correspond with the assigned student's school bell schedule
- Aide will be responsible for having reliable transportation to and from the assigned work site
- Aide is expected to be available to work flexible hours and occasional evenings when necessary

COMPETENCIES

- Aid must be able to speak, read, write, and understand Standard English and be able to follow directions given by the student's teacher and/or administrator.
- Aid must be able to work under the supervision/direction of the teacher to monitor and address the academic, personal, social emotional and behavioral needs of students
- Bi-lingual aides desired
- Aid must demonstrate emotional and mental maturity as well as display an interest and empathetic attitude toward students.



PRP JOB DESCRIPTION

Position Title Direct Care Staff, Counselor
Part Time Status 40 hours per week (15 to 25 clients)
Schedule Set Up:

Job Description: COMAR Code 10.63.03.09(Adults) - 10.63.03.10(Minors)

Responsible for implementing the rehabilitation activities outlined in the minor's IRP.

- Responsible for conducting and documenting four (4) hourly sessions per month for adolescents and six (6) hourly sessions per month for adults (18 and older).
- Responsible for participation in supervision and training sessions.
- Responsible for collaboration between client, therapist, and parent/guardian.

Requirement: A bachelor's degree in a health-related field; An associate's degree in a health-related field; 30 hours, or their equivalent, of college credit toward a bachelor's degree in a health-related field; or 1 year of work experience in a supervised mental health setting.

Competencies:

- Knows how to keep confidential information confidential.
- Completes projects ahead of time without compromising the quality of work.
- Takes opportunities to increase knowledge of relevant job skills.
- Asks appropriate questions to clarify information/needs.
- Demonstrates flexibility by adapting to changes in priorities and the work environment.

Expected Duties:

(a) Initial Contact with Client

1. Contact should be made within 48 hours of case assignment
2. Document all unsuccessful attempts on a contact note.
3. Initial progress note is due within 24 hours of contact.
4. Failure to report will result in a PIP.

(b) Review and Use of Individual Rehabilitation Plan (every 90 days)

1. Within first 2 visits review IRP with client and parents.
2. Understand client diagnosis.
3. Understand client goals.
4. Identify interventions to assist with the completion of client goals.
5. Collaborate with rehabilitation specialist, therapist, client and parent 30 days before the authorization expires.
6. Failure to report will result in a delay in monthly reimbursement.

(c) Completion of Contact Notes

1. Complete session notes within 24 hours of the session being completed.
2. Document all unsuccessful attempts on a contact note.
3. All Progress notes should be documented by Monday 6:00 pm.
4. Failure to report will result in a delay in monthly reimbursement.

(d) Completion of Monthly Summary

1. All monthly summaries are due by the 5th of every month for the prior month.

2. Failure to report will result in a delay in monthly reimbursement.

(e) Paperwork Compliance

1. Completion of the Session Service Ticket.
2. Completion of the Collaboration Log.
3. Obtaining signatures of client, parent/guardian and advocate for updated IRPs.
4. Submission by the 5th of every month for the prior month.
5. Failure to report will result in a delay in monthly reimbursement.

(f) Supervision and Training

1. Meet Bi-Weekly with team supervision.
2. Attend any trainings and supervision sessions scheduled by Program Director.
3. Failure to report will result in a delay in monthly reimbursement.

ii. Based on the current needs for completion of paperwork the following schedule will be used to assist with the tracking of required documents. In the case of non-compliance, an in office schedule will be implemented.

This job description and outline of duties is effective _____.

Print Name and Date: _____

Employee's Signature: _____

Supervisor's Signature: _____

PRP JOB DESCRIPTION

Position Title Rehabilitation Specialist
Full Time Status 40 hours per week
Schedule Set Up

Job Description: COMAR Code 10.63.03.09(Adults) - 10.63.03.10(Minors)

- Developing and assuring that rehabilitation services meet the needs of the individuals served by the program;
- Providing oversight for the daily program of rehabilitation services;

Requirement:

- (1) A licensed mental health professional;
 - (2) Certified by the Commission on Rehabilitation Counselor Certification; or
 - (3) Certified by the Psychiatric Rehabilitation Association; and
- D. Employ the rehabilitation specialist in §C of this regulation:
- (1) At least 20 hours per week when the program serves less than 30 individuals; or
 - (2) 40 hours per week when the program serves 30 individuals or more.

Competencies:

- Provides consistent, timely, high quality work.
- Adheres to established work schedule.
- Demonstrates initiative consistent with job expectations to improve performance.
- Possesses appropriate expertise to perform job at a professional level.
- Meets routinely with supervisor and key customers to exchange information and clarify expectations.
- Communicated to provide or exchange information while keeping others informed.

1. Expected Duties:

- a. Completion of Intakes and Assessments.
 - i. Initial contact is made within 48 hours of email notification.
 - ii. Document all unsuccessful attempts on a contact note.
 - iii. All unsuccessful attempts should be provided to the Executive Director.
 - iv. All completed intakes are due every Friday by 6:00 p.m. Failure to do so will result in a PIP.
- b. Completion and Maintenance of Individual Rehabilitation Plan (every 90 days).
 - i. Initial plan should be completed at the time of assessment.
 - ii. Initial plan should be discussed during supervision with advocate.
 - iii. 90-day review plans should include advocate, parent/guardian and client. (phone is acceptable)
 - iv. Document all unsuccessful attempts on a contact note.
 - v. All paperwork is due every Friday by 6:00 p.m. Failure to do so will result in a PIP.
- c. Facilitation of Collaboration Meetings. (every 6 months)
 - i. Contact and document communication with therapist. (Completion of Continuation of Services Referral Form)

- ii. Meeting must include supported documentation with the rehabilitation specialist, referring clinician (phone acceptable), advocate, parent/guardian and client. (Completion of Collaboration Log)
- iii. Reauthorizations should be completed 30 days before expiration of authorization.
- iv. Document all unsuccessful attempts on a contact note.
- v. All paperwork is due every Friday by 6:00 p.m. Failure to do so will result in a PIP.

d. Discharge Process

- i. Completion of discharge should take place in Beacon and in the client chart within 7 days.
- ii. All paperwork is due every Friday by 6:00 p.m. Failure to do so will result in a PIP.

e. Direct Care Staff Correspondence

f. Attending Weekly Team Meetings

- i. Review of census and weekly report with administrative staff.

2. Based on the current needs for completion of paperwork the following schedule will be used to assist with the tracking of required documents:

- a. **Wednesday** - Assessment/Treatment Plan Day - Creating new plans and updating 90 day reviews
- b. **Friday** - Reauthorization Day - should include scheduling of collaboration meetings, conducting collaboration meetings,

This job description and outline of duties is effective _____.

Print Name and Date: _____

Employee's Signature: _____

Supervisor's Signature: _____