

Helio Health Training Institute

Scholarship Information

The Helio Health Training Institute has been awarded grant funding to offer scholarships to train 25 Oswego County residents to work in the substance use and mental health field. Scholarships are for individuals seeking to cover the cost of training to become a Certified Alcoholism and Substance Abuse Counselor (CASAC).

Before applying for this scholarship, please read the following information on the course, course structure, and program eligibility.

Credentialed Alcoholism and Substance Abuse Counselor (CASAC) 350 Initial Certification Course

The CASAC is intended for individuals who provide alcoholism and substance abuse counseling services in approved work settings.

In order to become a CASAC in New York State, you must:

- Meet specific competency and ethical conduct requirements;
- Meet specific work experience requirements including up to 6,000 hours of work in the field;
- Meet minimum education (High School Diploma or equivalent) and training requirements; and
- Pass the International Certification and Reciprocity Consortium (IC&RC) Examination for Alcohol and Drug Counselors.

The Helio Health Training Institute is an approved OASAS Training provider for the delivery of the full CASAC 350 hour training for CASAC Certification.

This program will deliver all 350 hours of content in a 13 week intensive format. Each week participants will be expected to take and pass tests on that week's material. Classes will run Monday through Friday 9:00am – 4:00pm. During the eighth week of the program participants will have an opportunity to speak with local service providers about potential employment or internships to help them meet the CASAC work requirements. During the final week of class students will be guided through the process of completing and submitting the OASAS certification application. Six weeks following completion of the intensive course participants will need to attend a CASAC review class to help them prepare for the certification exam.

Classes will be held at Catholic Charities, 808 West Broadway, Fulton, NY 1306

Eligibility Requirements

As this is a grant funded program, eligibility requirements are non-negotiable. To participate individuals receiving funding must:

- 1. Currently be living in Onondaga or Oswego County
- 2. Demonstrate household annual income below that shown below

Persons in family/household	Income guidelines
1	\$14,568
2	\$19,752
3	\$24,936
4	\$30,120
5	\$35,304
6	\$40,488
7	\$45,672
8*	\$50,856

^{*}For families/households with more than 8 persons, add \$5,184 for each additional person

- 3. Provide copy of high school diploma, GED, or TASC
- 4. Complete program application prescreening and prescreening interview

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Scholarship Application Form

This application is for individuals seeking scholarship funding and participation in AEI programming designed to cover the cost of training to become either a Certified Alcoholism and Substance Abuse Counselor (CASAC). Individuals who complete this application and meet eligibility requirements will be asked to attend an interview with the Training Institute Director or designee before a final decision is made on their acceptance into this program. Please complete all parts of this application and attach all required documentation, incomplete applications will not be processed.

Part 1: Contact information

Last Name:	First Name:
Address:	
City:	State: Zip:
Email:	
Contact Phone Number:	
	Part 2: Education
	School Diploma or High School Equivalency? Yes: No: Opy of your High School Diploma or equivalent with this application.
Highest level of educati	on completed (please check):
High School or Equivale	nt
Associates Degree	Major: Minor:
Bachelor's Degree	Major: Minor:
Master's Degree	Major: Minor:
PhD	Major:
Do you currently hold a	ny professional certification or license? Yes: No:
If yes, which:	#

Part 3: Financial Eligibility

Γο assess financial eligibility	for this program we requ	uire the following infor	mation:
Primary source of income:			
Annual household income:	\$		
Number of dependents :	I I		
If employe	ed please provide a re	ecent paystub as pr	roof of income.
	Part 4: Curre	nt Employment	
Are you currently Employe	ed? Yes	No [(if No, plea	ase go to part 5)
If "yes" How many hours a	week do you work?		
Name of current employer:			
	Part 5: Emplo	oyment History	
In the boxes below please experience may include vo			
Work location	Position		Dates

Part 6: Personal Statement

Please answer the question below in the box provided using no more than 150 words: Why do you want to work with individuals with substance use and mental health disorders?

Part 7: Additional Required Documentation Checklist

I have attached the following required item	ns as part of this application.
A utility bill or other official document show	ving proof of residency in Oswego County
Copy of high school diploma or equivalent	
A pay stub or other proof of income	
	application is correct to the best of my knowledge. I understand that to select me for this program, or for discharge should I be selected.
Training Institute, which rules may be changed	ram, I agree to abide by the rules and regulations of the Helio Health d, withdrawn, added or interpreted at any time, at the Institute's sole and without prior notice to me.
	be terminated, or any offer or acceptance of participation withdrawn, hor without prior notice at the option of the Helio Health Training Institute or myself.
Signed:	Date:
	Ifficial Use Only
Application received :	inclar Ose Only
Application reviewed by:	
Application approved	Application rejected
If application approved: Interview scheduled	for:
Final determination: Candidate Approved	Candidate not accepted
Applicant informed on:	by:
Training Institute Signature	Date

