

School of Social Work Field Education Program 5500 University Parkway San Bernardino, CA 92407 (909) 537-5265 http://socialwork.csusb.edu

# Agency Application

INSTRUCTIONS: The Agency Application is to be completed for all new agencies and when there have been significant changes at an agency. If you have Adobe Pro DC, please complete this application in its entirety and submit. If your application does not support this option, email as an attachment to Jolynne.Morgan@csusb.edu.

Date:				
Agency Information				
Agency:	County:			
Program/Site:	Main Ph	Main Phone Number:		
Address:	City:	S	itate: Zip:	
Website:				
Coordinator of Contracts/MOU's  Name:		Title:		
Phone:		Email:		
Agency Field Placement Coordinator / Co	Contact			
Name:		Title:		
Phone:		Email:		
Internship Placements				

The agency will be able to offer placements to students at the following levels of preparedness. Check all levels that apply and indicate # of students for each.

BASW	MSW Foundation Level	MSW Advanced Level
# of students with previous experience in human services	# of students with previous experience in human services	# of students with previous experience in human services
0-2 years	0-2 years	0-2 years
3+ years	3+ years	3+ years

Please identify the professional social workers (<u>must have an MSW</u>) employed by your agency (regardless of their work site location) who are available, qualified, and willing to provide field instruction to the social work students who will be placed in your agency. Please attach an additional sheet if necessary.

Field Instructor Name	Phone	Date Received MSW Degree	Onsite?
			Yes No

Note: Field instructors listed on this application must complete the <u>Field Instructor Information Form</u> if they have not done so already.

If there are no professional social workers available, is your agency willing to a) find and sign an agreement with a professional social worker outside your agency to provide on-site field instruction to a student(s) and b) designate a staff person(s) (task supervisor) who will provide daily on-site task supervision and monitoring to the student(s)?

Yes

No

Preceptor Name	Phone

## **Agency Profile**

1.	Sector (Check only one)	Non-Profit	For-Profit	Public/Government	Educational Institution

2. Is your agency able to offer a stipend for students? Yes No

If yes, please check appropriate box: 1st Year 2nd Year BASW MSW

3. Does agency require home visits? Yes No

4. Does agency require students to have a vehicle for placement related duties? Yes No

5. Does the agency require fingerprints and/or background check? Yes No

Does the agency require health check and/or vaccinations? Yes No If yes, please specify:

7. Does the agency bill for third-party payments including Medi-Cal? Yes No

8. Does the agency prefer bilingual students to perform client services? Yes No If yes, specify language preferred:

9. Does the agency offer evening and/or weekend hours for intern placement? Yes No

10. Does the agency require an early start for training purposes? Yes No **Note: Students begin placement in late August** 

### **Agency Clientele**

Check ethnic majority of the agency's client population.

African American
Asian/Pacific Islander

Latino
Native American
Other (Specify)

Caucasian

Check the primary populations served by the agency.

Children
Adolescents
Adult Men
Adult Women
Older Adults
Families
Couples

Lesbian, Gay, Bisexual, Transgender (LGBT)

Other (Specify)

Disabled Immigrant

#### **Agency Practice Areas**

Child Welfare (CPS, foster care, adoptions, etc.)

Mental Health Health or Medical School-Based

Disability or Rehabilitation
Criminal Justice, Corrections or Probation

Welfare, Employment Assistance or Social Services

Cultural or Immigrant Services
Alcohol, Drug or Substance Abuse

Aging or Gerontology Homelessness or Poverty

Social Justice
Victim Services
Other (Specify)

## **Agency Internship Learning Activities**

Check all areas where the student will gain experience.

Groups
Psychosocial Assessment

Crisis Intervention

Diagnostic Assessment

**Short Term Intervention** 

Long Term Intervention

Information & Referral

**Community Networking Linkages** 

Advocacy

Case Management

Inter/Multidisciplinary Meetings

Discharge Planning

Please feel free to contact the Director of Field Education or Field Administrative Assistant at 909-537-5265 if you have any questions on this form.

Once submitted, you will receive a confirmation that your form has been received. If your application does not support the Submit option with Adobe Pro DC, please see instructions on page 1.