

Gateways Family Specialist Credential

Work & Practical Experience—Verification Form

Please complete this form to validate your work experience providing direct service to families.

Use a separate form for each position. Attach a job description from your employer and write 3 or 4 sentences that describes your **daily direct contact with families** that promote optimal child and family outcomes.

If you have a Bachelors or Graduate degree in Social Work with an internship of 200 hours or more, please complete **Personal Information, sign and return.**

Personal Information

Name: _____ Registry Member ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Experience

Position: _____ Start Date (MO/YR): _____ End Date (MO/YR): _____

Hours per week: _____ x Weeks per year: _____ x # of years: _____ = Total Hours: _____

Family Specialist Experience Verification

Contact Information

Contact Name: _____

Company Name: _____

Company Address: _____

Company Phone: _____

Signature and title of contact who can verify your work experience (other than yourself):

Date: _____

I verify that I have read, and understood this paragraph and that all the employer and employee information provided herein is true and accurate. Additionally, I verify that I have not manipulated employee job titles or descriptions in order for the named employee to become eligible for a Gateways Credential. By signing below, I understand the Illinois Department of Human Services (IDHS) and INCCRRA will use my signature as authorization to review the employer and personnel records and any other applicable files and records. IDHS may ban employer participation if an employer has submitted false or misleading information and or documentation, or manipulated employee information in any manner.

Participant Signature: _____ **Date:** _____

I verify that I have read this paragraph and that all information provided is true and accurate. By signing above, I understand that INCCRRA will use my signature as authorization to verify any information and documents I have submitted. I understand that any false or misleading statements or subsequent documentation may constitute grounds for denial or subsequent withdrawal of any Gateways to Opportunity Credential. Additional information may be required.