

Social Work Students: Interested in Public Child Welfare

Check This Out!

- up to 4 semesters of free tuition
- a semester stipend – \$1,300 per semester (\$650 in the summer if applicable)
- specialized course work – examining child abuse and neglect
- an intensive internship – with the Office of Protection and Permanency
- a job after graduation – current starting approximate salary is \$33,645!!!

If you are interested in working with families and children and would like to participate in an innovative program, then please contact Dean May (745-2693), 113-B or dean.may@wku.edu.

Requirements (Students will participate in an intensive screening process):

- 2.5 gpa overall and 3.0 gpa in the major
- must be enrolled in SWRK 301 and 375 for the Fall, 2020 (only social work majors are eligible)
- will graduate Spring, 2022 by completing SWRK 482/483
- students must be enrolled full-time while participating in the PCWCP
- students interested in applying to the PCWCP should NOT pay their upcoming tuition until they speak with Dr. May
- *PCWCP tuition benefits are earmarked and can only be applied to tuition (no other fees)*
- students are required to complete two PCWCP courses (SWRK 450 and 451), attend two retreats per year, participate in mandatory trainings, and complete their social work internships with the Office of Protection and Permanency
- it is the responsibility of PCWCP students to notify their instructors at the beginning of each semester of their upcoming PCWCP obligations to ensure that these obligations are compatible with the instructor's course guidelines and expectations
- students are required to work for the Kentucky Cabinet for Health and Family Services, Office of Protection and Permanency in child protective services for two years following graduation
- graduates may have to relocate based on job availability (will list 10 counties on employment application)
- criminal Background Checks and CAN Checks will be performed at application and prior to starting field placements (extremely important to disclose issues at application)
- must submit **OFFICIAL** transcript with the application packet

Deadline for Submitting Applications: Monday, October 12, 2020, 12:00 pm CST

**Kentucky Cabinet for Health and Family Services
Department for Community Based Services
Application for Public Child Welfare Certification Program**

Date of Application _____ Social Security Number _____

Name _____
Last First Middle Maiden/Previous Name

Current Address _____
Street, F.F.D., or Box No. City State Zip Code

Telephone Number () _____ Cell Phone Number () _____

University Email: _____ Personal/Other Email: _____

Date of Birth _____
Month Day Year

Additional Contact Information (not living in your household):

Name _____ Relation to Applicant _____
(Last First Middle)

Address _____
Street, F.F.D., or Box No. City State Zip Code

Telephone Number () _____ Email Address: _____

Are you a U. S. citizen? ___Yes ___ No Anticipated date (month/year) of graduation _____

Are you a Kentucky Resident? ___Yes ___ No In which Kentucky County? _____

You must possess and maintain a valid driver's license. Please list the following:

Driver's License Number # _____ State: _____

Overall G.P.A. _____ Social Work G.P.A. _____ Minor field of study _____

Name of University (PCWCP) you will be attending: _____

Campus Location (City): _____

***If Campus location changes – please notify the PCWCP office**

Are you an Eastern Kentucky University (EKU) Resource Parent Trainer? ___Yes ___ No

- If YES, the Site Coordinator needs to contact Sarah Williams.

Are you currently a Foster Parent? ___Yes ___ No

The PCWCP program is exclusively for students who are non-Cabinet for Health and Family Services employees.

Are you willing to go anywhere in the state of Kentucky for employment with the Cabinet? (See attached map)

_____ YES _____ NO / If NO, you must list ten (10) counties where you are willing to work.

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____
10. _____

If after six (6) months from the date of graduation you have not been hired by CHFS, DCBS, P&P in a child welfare position, you will be required to provide an additional ten (10) counties for employment to the ECU/UTC Program Administrator and then begin applying to those additional positions.

_____ Date _____ Signature of Applicant

Please attach an official University transcript to this application.

Do you speak any additional language(s) _____ Yes _____ No If Yes, please list: _____

Have you taken or are you currently enrolled in any college level foreign language classes:
_____ Yes _____ No If Yes, please list: _____

I hereby submit to a Criminal Records Check through the Administrative Office of the Courts.

Date Signature of Applicant

Please attach a Criminal Records Check from the Administrative Office of the Courts

Have you ever been convicted of violating any law (omit minor traffic violations)? If Yes, please list conviction(s), date(s), place(s) and an explanation and attach to this application. ____ Yes or No ____

Have you ever been identified as a substantiated perpetrator of child abuse or neglect by the Cabinet for Health and Family Services? If Yes, provide dates and an explanation and attach to this application.

____ Yes or No ____

~~~~~

I agree to submit to Central Registry Check by the Cabinet for Health and Family Services to determine if my name is identified on the Central Registry maintained by the Cabinet in accordance with 922 KAR 1:470E and its successor regulation(s).

I understand that my failure to consent to this Central Registry Check will disqualify me from acceptance into the Public Child Welfare Certification Program (PCWCP).

I further understand that, upon receipt of the results of the Central Registry Check, the education institution may disqualify me from the Public Child Welfare Certification Program (PCWCP).

\_\_\_\_\_  
Date Signature of Applicant

**Please attach a Central Registry Check (CA/N) by the Cabinet for Health & Family Services**

**Certification and Agreement**

I certify that the forgoing information provided by me is true and complete to the best of my knowledge, and understand that any willfully false statement is sufficient cause for rejection of this application or, if a stipend has been awarded, for the termination of this stipend. I understand that the Public Child Welfare Certification Program is a joint effort of the University and the Kentucky Department for Community Based Services, and this application will be reviewed by both entities.

\_\_\_\_\_  
Date Signature of Applicant

**Attach a four or five page paper to this application, which deals with the following:**

1. If you had to explain the term child welfare to someone, what would you say?
2. Why are you interested in the field of child welfare?
3. What qualities do you feel that you have that would make you a good child welfare worker?
4. Discuss areas where you need further exposure, growth, and development in order to become an effective child welfare worker.
5. Describe your short-term (5 years from now) and long-term goals.

Cabinet for Health and Family Services  
Department for Community Based Services  
Commonwealth of Kentucky

**PUBLIC CHILD WELFARE CERTIFICATION PROGRAM**  
**RECOMMENDATION FORM**

**TO THE APPLICANT:**

Please print your name: \_\_\_\_\_

Please request reference statements from three (3) persons who have at least one (1) year of recent knowledge about your qualifications. Ask each of them to send it back to you in a sealed envelope after signing across the seal. Submit those unopened letters together with your application. References must not come from relatives, friends, significant others etc. Include, if possible, a) one employer and b) one supervisor from your volunteer work at an agency, and c) one faculty member excluding social work faculty. **YOUR SIGNATURE IS REQUIRED ON THIS FORM.**

Under the Family Educational Rights Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review this recommendation, or you may decline to do so. If you waive your right to review your recommendation forms, these evaluations will be considered confidential and will not be available for your inspection should you be accepted for admission to the program. Please mark the appropriate statement below, indicating your choice of option, and sign your name.

\_\_\_\_\_ I waive my right to review this recommendation.

\_\_\_\_\_ I do not waive my right to review this recommendation.

Applicant's signature (REQUIRED): \_\_\_\_\_

Date: \_\_\_\_\_ Name (print): \_\_\_\_\_

**TO THE REFERENCE:** You have been asked to complete an evaluation of the above named individual who is applying for admission to the Public Child Welfare Certification Program. Your candid opinion will be of great assistance to us in evaluating his/her application. Your comments will be confidential if the applicant has waived right to review. (Note: Applicants not approved for admission have no access to their file.) To help the Admissions Committee make an informed decision on the applicant's suitability for the program, please answer the following questions.

**PLEASE RETURN THIS FORM WITH RECOMMENDATION.**

**1. Please evaluate the applicant in each of the following areas:**

|                                                                                                                   | Limited<br>1 | 2     | Adequate<br>3 | 4     | High<br>5 | Can't Judge<br>6 |
|-------------------------------------------------------------------------------------------------------------------|--------------|-------|---------------|-------|-----------|------------------|
| Level of Maturity and Emotional Stability                                                                         | _____        | _____ | _____         | _____ | _____     | _____            |
| Understanding of Self                                                                                             | _____        | _____ | _____         | _____ | _____     | _____            |
| Sensitivity to Needs and Feelings of Others                                                                       | _____        | _____ | _____         | _____ | _____     | _____            |
| Ability to Respect and Work with Differences in People (i.e. race, class, culture, ethnicity, sexual orientation) | _____        | _____ | _____         | _____ | _____     | _____            |
| Written Communication Skills                                                                                      | _____        | _____ | _____         | _____ | _____     | _____            |
| Verbal Communication Skills                                                                                       | _____        | _____ | _____         | _____ | _____     | _____            |
| Ability to Work with Others                                                                                       | _____        | _____ | _____         | _____ | _____     | _____            |
| Ability to Accept Constructive Feedback                                                                           | _____        | _____ | _____         | _____ | _____     | _____            |

**2. How long have you known the applicant? (years and months)**

**3. In what capacity have you known the applicant? Please be specific**

**4. In your opinion, what are the applicant's major strengths?**

**5. In your opinion, what are the applicant's weaknesses?**

**6. I would:**

- \_\_\_\_\_ Recommend with enthusiasm
- \_\_\_\_\_ Recommend
- \_\_\_\_\_ Recommend with reservation
- \_\_\_\_\_ Not recommend

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (print):** \_\_\_\_\_ **Title (print):** \_\_\_\_\_

**Organization/Business:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Cabinet for Health and Family Services  
Department for Community Based Services  
Commonwealth of Kentucky

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**PLEASE RETURN THIS FORM WITH RECOMMENDATION.**



**1. Please evaluate the applicant in each of the following areas:**

|                                                                                                                   | Limited<br>1 | 2     | Adequate<br>3 | 4     | High<br>5 | Can't Judge<br>6 |
|-------------------------------------------------------------------------------------------------------------------|--------------|-------|---------------|-------|-----------|------------------|
| Level of Maturity and Emotional Stability                                                                         | _____        | _____ | _____         | _____ | _____     | _____            |
| Understanding of Self                                                                                             | _____        | _____ | _____         | _____ | _____     | _____            |
| Sensitivity to Needs and Feelings of Others                                                                       | _____        | _____ | _____         | _____ | _____     | _____            |
| Ability to Respect and Work with Differences in People (i.e. race, class, culture, ethnicity, sexual orientation) | _____        | _____ | _____         | _____ | _____     | _____            |
| Written Communication Skills                                                                                      | _____        | _____ | _____         | _____ | _____     | _____            |
| Verbal Communication Skills                                                                                       | _____        | _____ | _____         | _____ | _____     | _____            |
| Ability to Work with Others                                                                                       | _____        | _____ | _____         | _____ | _____     | _____            |
| Ability to Accept Constructive Feedback                                                                           | _____        | _____ | _____         | _____ | _____     | _____            |

**2. How long have you known the applicant? (years and months)**

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**6. I would:**

- \_\_\_\_\_ Recommend with enthusiasm
- \_\_\_\_\_ Recommend
- \_\_\_\_\_ Recommend with reservation
- \_\_\_\_\_ Not recommend

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (print):** \_\_\_\_\_ **Title (print):** \_\_\_\_\_

**Organization/Business:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Cabinet for Health and Family Services  
Department for Community Based Services  
Commonwealth of Kentucky

**PUBLIC CHILD WELFARE CERTIFICATION PROGRAM**  
**RECOMMENDATION FORM**

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|                                                                                                                   | Limited<br>1 | 2     | Adequate<br>3 | 4     | High<br>5 | Can't Judge<br>6 |
|-------------------------------------------------------------------------------------------------------------------|--------------|-------|---------------|-------|-----------|------------------|
| Level of Maturity and Emotional Stability                                                                         | _____        | _____ | _____         | _____ | _____     | _____            |
| Understanding of Self                                                                                             | _____        | _____ | _____         | _____ | _____     | _____            |
| Sensitivity to Needs and Feelings of Others                                                                       | _____        | _____ | _____         | _____ | _____     | _____            |
| Ability to Respect and Work with Differences in People (i.e. race, class, culture, ethnicity, sexual orientation) | _____        | _____ | _____         | _____ | _____     | _____            |
| Written Communication Skills                                                                                      | _____        | _____ | _____         | _____ | _____     | _____            |
| Verbal Communication Skills                                                                                       | _____        | _____ | _____         | _____ | _____     | _____            |
| Ability to Work with Others                                                                                       | _____        | _____ | _____         | _____ | _____     | _____            |
| Ability to Accept Constructive Feedback                                                                           | _____        | _____ | _____         | _____ | _____     | _____            |

**2. How long have you known the applicant? (years and months)**

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- \_\_\_\_\_ Recommend with enthusiasm
- \_\_\_\_\_ Recommend
- \_\_\_\_\_ Recommend with reservation
- \_\_\_\_\_ Not recommend

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (print):** \_\_\_\_\_ **Title (print):** \_\_\_\_\_

**Organization/Business:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

## Directions AOC Background Check

Administrative Office of the Courts  
Records Unit  
1001 Vandalay Dr.  
Frankfort, KY 40601  
502-573-1682 or 800-928-6381

oooooooooooooooooooooooo

### PCWCP applicants must submit an AOC background check with their application packet.

1. AOC background checks *cannot be requested before September 1<sup>st</sup>* if you are applying for Spring admittance.
2. AOC background checks *cannot be requested before March 15<sup>th</sup>* if you are applying for Fall admittance.
3. Please complete Form RU-004 (*see next page*)
  - a. Background checks must include maiden name(s) and/or alias name(s)
  - b. At the bottom of the form select the box "Other" and write in: **PCWCP**
  - c. The fee for criminal record reports is currently **\$25**.
  - d. RU-004 form as well as background check must be turned in to your University PCWCP Site Coordinator with your application packet and signed contract.

*ONE OPTION*

You have ~~three (3) different options~~ for requesting your AOC background check: (1) Online (2) ~~In Person or (3) Mail Service.~~

oooooooooooooooooooooooo

*Do This*



**1. Online though AOCFastCheck –**

Through AOCFastCheck, you can submit requests for criminal record reports and receive an e-mail notification when the results are available. New users must first 'register'.

- Please go to: <https://courts.ky.gov/aoc/criminalrecordreports/pages/default.aspx>
- Click on **AOCFastCheck**
- You will be asked to REGISTER your information
- You will then receive a confirmation E-Mail
- Once your email has been verified, you will login to your account using your **email address and password**.
- Proceed to **AOCFastCheck**
- Click on "**Click Here to Add a New Batch**"
- Category & Group: "**Individual**"
- Reason: "**Other**" – List PCWCP if it is an option
- You will then verify the information listed in the "Requester Information" Box
- You will then complete the "Request Entry" Box *be sure to list all previous/maiden names or your AOC will be considered incomplete and unacceptable.*



AOC-RU-004



Rev. 7-18  
Page 1 of 1  
www.courts.ky.gov

*\* Must return this form with Application \**

**ADMINISTRATIVE OFFICE OF THE COURTS  
RECORDS UNIT  
1001 VANDALAY DRIVE  
FRANKFORT, KENTUCKY 40601  
502-573-1682 or 800-928-6381  
records@kycourts.net**



The process to obtain the information contained in CourtNet is as follows:

**Individuals**

Requesting a record on yourself requires a \$25.00 fee (check or money order). If you do not receive a response in 30 days contact us at the number listed above.

**Nonprofit/Commercial/Others**

Requesting a record on individuals requires a \$25.00 fee (check or money order).

**Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED.** If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DLN: \_\_\_\_\_

NAME: \_\_\_\_\_

MAIDEN NAME(S) AND/OR ALIAS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS/P.O. BOX: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

***I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.***

**\* ALL INFORMATION BELOW IS REQUIRED.**

Individual's Signature \_\_\_\_\_

Date \_\_\_\_\_

Company \_\_\_\_\_

E-mail address \_\_\_\_\_

Requestor/Contact Person \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

**Please denote which purpose applies to this request:**

- Employment
- Criminal Investigation
- Screening Housing Applicants
- Volunteer/Care over Juvenile
- Licensing

Other (please explain) PCWCP

City, State, Zip \_\_\_\_\_

**STUDENT WAIVER FORM FOR:  
GRADES, MIDTERM PROGRESS REPORTS, PRACTICUM EVALUATION(S), ACADEMIC PROGRESS,  
CHECKLISTS AND DISCIPLINARY RECORDS  
DURING PARTICIPATION IN THE PUBLIC CHILD WELFARE CERTIFICATION PROGRAM (PCWCP)**

**Student Information (Please Print)**

First Name .....

Last Name .....

SSN: .....

University .....

Student Cell Phone # .....

**Waiver/Release For (Please Print)**

PCWCP Office, PCWCP Oversight Committee, PCWCP University Site Coordinator

**ATTN: PCWCP Office  
Sarah Williams  
Program Administrator  
UTC/TRC/EKU  
133 Stratton Building  
521 Lancaster Avenue  
Richmond, KY 40475**

**Permission to Release Education Record Information**

I hereby give my permission for the PCWCP Office, PCWCP Oversight Committee and PCWCP Site Coordinator named above to have access to my student information at WKU (University) during my participation in PCWCP. I understand that this will allow these entities to receive and/or discuss my grades, midterm progress reports, practicum evaluations, academic progress, checklists, and disciplinary records, with my PCWCP Site Coordinator, instructors and/or advisor.

Student Signature ..... Date .....

## TAXPAYER IDENTIFICATION NUMBER REQUEST

**Eastern Kentucky University requires a Federal Tax Identification number or Social Security number for all vendors or persons doing business with the University in order to comply with Federal Regulations and tax reporting requirements. Please take a few minutes to fill out this information and return to us to ensure prompt payment of your invoices. Thank you for the valuable service you have provided Eastern Kentucky University, and we look forward to a long and lasting relationship. IF SENDING A W-9, PLEASE RETURN THIS FORM ALSO.**

**For your convenience, you may return the information one of the following ways:**  
**FAX: Vendor File @ 859-622-6850                      Mail: Sarah Williams**  
**Eastern Kentucky University**

**Please type or print legibly**

### VENDOR INFORMATION

|                                                                                                                                           |                                                                                                                |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------|
| Name of Firm * (Company or Individual)                                                                                                    | Phone Number *                                                                                                 | Make Checks Payable To *  |
| Address *                                                                                                                                 | Fax Number *                                                                                                   | Payment Address *         |
| Address                                                                                                                                   | Web Site Address or E-mail Address                                                                             | Payment Address           |
| Address                                                                                                                                   | Vendor Representative                                                                                          | Name on Invoice *         |
| City *                      State *                      Zip*                                                                             | Federal Tax ID Number **                                                                                       | Social Security Number ** |
| Willing to accept ACH payments * Yes <input type="checkbox"/> No <input type="checkbox"/><br>Bank Routing # _____<br>Bank Account # _____ | Willing to accept credit card payments*<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Payment Terms *<br>n/a    |

\* required fields

\*\*Federal Tax ID Number- This field *must* be completed if "Name of Firm" is a company name.

Social Security Number- This field *must* be completed if "Name of Firm" is an individual's name.

#### CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U. S. person (including a U.S. resident alien).

|                                                                         |                                                              |                                                              |                                                                |
|-------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------|
| <b>Type of Ownership (Check Appropriate Box(es)) *</b>                  |                                                              | <b>Business Classification (Check Appropriate Box(es)) *</b> |                                                                |
| <input checked="" type="checkbox"/> (01) Individual/Sole Proprietorship | <input type="checkbox"/> (05) Non-Resident Alien             | <input type="checkbox"/> (SM) Small Business                 | <input type="checkbox"/> (GA) Government Agency                |
| <input type="checkbox"/> (02) Partnership                               | <input type="checkbox"/> (06) Exempt from backup withholding | <input type="checkbox"/> (LG) Large Business                 | <input type="checkbox"/> (NP) Non-Profit                       |
| <input type="checkbox"/> (03) Corporation-Incorporated in (State) _____ | <input type="checkbox"/> Other: _____                        | <input type="checkbox"/> (CT) In County                      | <input type="checkbox"/> (AL) Alumni Owned                     |
| <input type="checkbox"/> (04) Non-profit/Education                      |                                                              | <input type="checkbox"/> (MN) Minority Owned                 | <input checked="" type="checkbox"/> Other (Specify) Individual |
|                                                                         |                                                              | <input type="checkbox"/> (WO) Women Owned                    |                                                                |

**Printed Name of Authorizing Official:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\* - Highly recommend doing this to ensure quickest method for receiving your stipend money.*

**PUBLIC CHILD WELFARE CERTIFICATION PROGRAM**

**CONTRACT BETWEEN  
CABINET FOR HEALTH AND FAMILY SERVICES**

**AND**

\_\_\_\_\_, **STUDENT**

The Cabinet for Health and Family Services (hereafter referred to as the "Agency") and \_\_\_\_\_ (hereafter referred to as the "Student") do hereby make and enter into this mutual contract as specified below:

**I. Definitions:**

**"Academic school year"** – means two semesters (Fall and Spring), each lasting between 15 to 18 weeks.

**"Agency"** – means the Cabinet for Health and Family Services, Department for Community Based Services.

**"Cause"** – means that it may include but not limited to, breach of any term of this contract, any criminal conduct while in the PCWCP program, any misconduct while in the PCWCP program, breach of the Social Work Code of Ethics, failure to maintain required academic standards, declining or failing to attend interviews, violation of school rules, any disciplinary action taken by the Cabinet, or termination as a result of personnel action within the effective date of this contract.

**"Date of Graduation"** – means the date recognized by the student's university or college when the degree was conferred to the student.

**"DCBS"** – means Department for Community Based Services.

**"EKU/UTC Program Administrator"** – means Eastern Kentucky University, University Training Consortium program administrator, 133 Stratton Building, 521 Lancaster Avenue, Richmond, KY 40475 (telephone: 859-622-2312).

**"Full-time summer semester"** – means a minimum of nine (9) credit hours during a summer semester.

**"No fault"** – means the event is due to acts or omissions other than those of the student.

**"PCWCP"** – means the Public Child Welfare Certification Program.

**"PCWCP Site Coordinator"** – means university representative at local university or college.

**"Program"** – means the Public Child Welfare Certification Program.

**"Semester"** – means a fall or spring fifteen to eighteen week period, or a summer session where the student takes nine hours or more.

**"Stipend"** – means money to be used for the purchase of books, fees and travel expenses for student's participation in the program.



## **II. General Terms:**

- A. Only one (1) full-time summer semester shall count towards completion of the program.
- B. Failure to be placed with the Agency within two (2) months of graduation shall not result in the student's two-year obligation being waived or reduced.
- C. Any and all appeals or disputes arising from this contract shall be submitted to the PCWCP Oversight Committee.
- D. The Counties listed in the PCWCP application are incorporated herein by reference.
- E. The Agreement shall be construed and enforced in accordance with, and governed by, the laws of the Commonwealth of Kentucky.
- F. The Parties agree that any legal action which is brought on the basis of this Agreement shall be filed in the appropriate court located in Franklin County of the Commonwealth of Kentucky.

## **III. The Agency Agrees to:**

- A. Pay in-state tuition for a full-time (as defined by the Student's university) undergraduate student, pursuing a Bachelor degree in Social Work at one of the eleven (11) universities participating in this program (Brescia, Campbellsville, Eastern Kentucky, Kentucky State, Morehead State, Murray State, Northern Kentucky, Spalding, University of Kentucky, University of Louisville, Western Kentucky) for a maximum of four (4) semesters. Students electing to attend Brescia, Campbellsville or Spalding which are in-state private institutions, to pursue a BSW degree shall be required to pay the difference between the highest tuition of the eight (8) participating public universities and the cost of tuition at Brescia, Campbellsville or Spalding, not to exceed four (4) semesters. A Student must have a minimum of three semesters remaining before graduation to be eligible to participate in the program.
- B. Provide a stipend to be used for the purchase of books, fees and travel expenses as a result of the student's participation in the program. The amount of the stipend will not exceed \$1300 per semester for fall and spring semesters and \$650 for a summer semester. The Student will not receive a stipend for more than four (4) semesters. The stipend shall be paid directly to the Student.
- C. Assist the Student in acquiring employment consistent with state personnel requirements, for a child welfare position within the Department for Community Based Services in the Social Service Worker series. The Agency shall diligently attempt to make available to the Student a position within two (2) months of graduation, subject to the continued availability of funds and positions. Nothing in this contract shall obligate the Agency to employ the Student. The Agency shall attempt to accommodate the Student in the DCBS County of their choice, if possible.

## **IV. The Student Agrees to:**

- A. Complete the necessary requirements for a Bachelor degree in Social Work and PCWCP certification within two calendar years from the effective date of this contract.
- B. Complete field practicum with the Cabinet for Health and Family Services, Department for Community Based Services, Protection and Permanency Program, in a child welfare position.
- C. Maintain a 3.0 cumulative GPA in social work courses, receive no less than a "B" in the required

PCWCP courses and field practicum(s), and maintain an overall 2.5 cumulative GPA. In cases where the educational institution uses a Pass/Fail or Satisfactory/Unsatisfactory grading system for the PCWCP field practicum(s), the student must receive a Pass or Satisfactory grade.

- D. Maintain full-time status in the fall and spring semesters (as defined by the Student's university).
- E. Limit attendance to one (1) full-time summer semester so long as the student completes the prior academic school year and the following fall semester or completes the preceding spring semester and upcoming academic school year.
- F. Attend all student meetings, orientations, trainings, retreats and conferences associated with this program.
- G. Promptly pay for any other tuition, fees or other school-related expenses, which are not specified as being paid by the Agency in this contract.
- H. Provide the ECU Program Administrator with the official university academic transcript (not a copy) showing awarded degree and confer date within 30 days of graduation. ECU Program Administrator will then forward a copy to the ECU CFL Specialist and the original transcript to CHFS to forward to the State Personnel Cabinet.
- I. Apply for and accept full-time employment with the Agency in a child welfare position in the Social Service Worker series.
- J. Follow state personnel procedures for hiring.
- K. Submit an employment application to the Personnel Cabinet within thirty (30) days of graduation or as soon thereafter as a position becomes available in one of the students specified counties.
- L. Apply for the Social Service Worker series position within the specified counties within thirty (30) days of graduation or as soon thereafter as positions become available and submit State Personnel confirmation emails for your social service position within (5) business days to the ECU/UTC Program Administrator.
- M. Agrees not to be a Foster Parent during the effective period of this contract.
- N. Agrees not to become a volunteer or employee of the court-appointed special advocate program (CASA) during the effective period of this contract.
- O. Agrees not to enroll or participate in any course that would require domestic or international travel, such as Study Abroad, during a PCWCP semester.
- P. Accept a position with the Agency within two (2) months of graduation, contingent upon position availability.
- Q. Provide the ECU/UTC Program Administrator with an additional ten (10) counties for employment if not hired by CHFS, DCBS, P&P in a child welfare position after six (6) months from the date of graduation and begin applying to those additional positions.
- R. Successfully complete the probationary period and remain employed with the Agency for at least two (2) years.

- S. Repay the Agency the cost of tuition and stipend paid by the Agency to the school and the Student if the Student fails to meet the terms of this contract. Repayment shall be made in lump sum due upon demand by the Agency. In the event of litigation, the student will be required to pay all attorney fees and court costs associated with the collection process.
- T. Maintain eligibility to be employed by the Cabinet for Health and Family Services, Department for Community Based Services in a child welfare position in a social service worker series.
- U. Notify the PCWCP Site Coordinator and EKU/UTC Program Administrator of any changes in name, address, telephone number(s) and email address, within five (5) working days of any change.
- V. Notify the PCWCP Site Coordinator and EKU PCWCP Administrator of any criminal charges during the application process as well as during the effective period of this contract. Notification shall be made within five (5) days of any criminal charge.

**V. Termination of this Contract:**

- A. The contract may be terminated by the Agency at any time during the effective period of this contract for "cause." Should this contract be terminated for "cause," the student shall repay the Agency as outlined in Section IV.S
- B. In the event of changes in funding for the Certification Program, the Agency reserves the right to terminate the contract at any time.

**VI. Effective Period of Contract:**

The effective period of this contract shall begin the academic period \_\_\_\_\_ (semester and month/year) to successful completion of two (2) consecutive years of full-time employment with the Agency except for as described in Section V (Termination of this Contract).

Name of University: \_\_\_\_\_

I do hereby confirm that I fully understand the above terms of this contract and do hereby agree to abide by them as a participant in the Public Child Welfare Certification Program.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Social Security Number

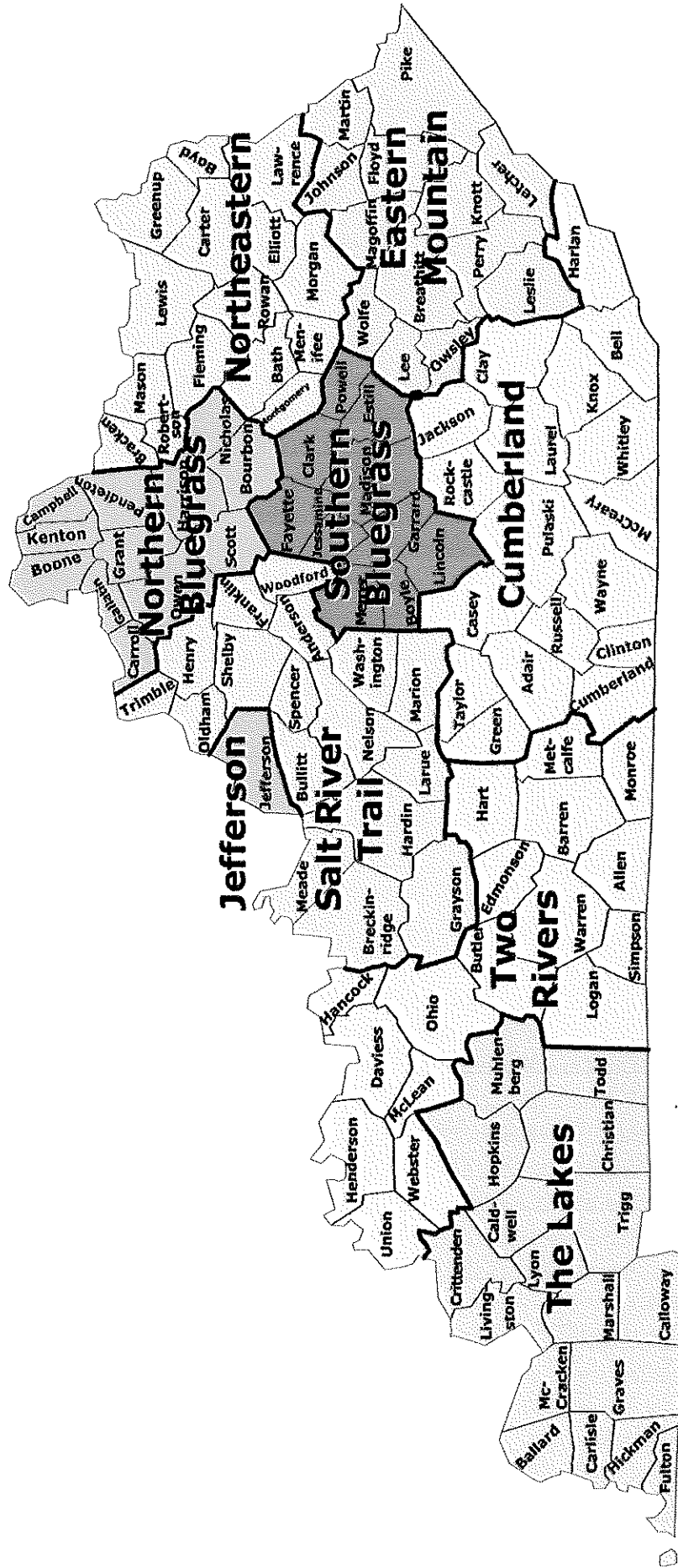
\_\_\_\_\_  
 Social Work Dean/Chair

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Commissioner  
 Department for Community Based Services

\_\_\_\_\_  
 Date

# DCBS Service Regions



## PCWCP Admissions Checklist for WKU BSW Students

\_\_\_\_\_ **Social Work Students: Interested in Public Child Welfare, Check This Out!**  
Reviewed Cover Sheet of the PCWCP Application.

\_\_\_\_\_ **Application Form for PCWCP. Completed.**

### Application Tidbits:

- \_\_\_\_\_ 1. Fill-in ALL blanks. If a blank does not apply, insert "not applicable." For example, you may not have a phone number other than your cell. If so, insert "not applicable."
- \_\_\_\_\_ 2. At the top of the 2<sup>nd</sup> page of the application, I would recommend clicking "No" that you are not willing to go anywhere in the state of Kentucky. After clicking "No," then list the 10 counties where you would be willing to work. You can always add more counties when you begin interviewing.
- \_\_\_\_\_ 3. Remember your paper should be 4 or 5 pages, typed, and double-spaced.  
*Written well!!!*

\_\_\_\_\_ **Recommendation Forms. Submitted with application.**

### Recommendation Forms Tidbits:

- \_\_\_\_\_ 1. You must have known the reference for at least ONE YEAR.
- \_\_\_\_\_ 2. The reference cannot be a family member or friend.
- \_\_\_\_\_ 3. You complete the first page of each form.
- \_\_\_\_\_ 4. Each reference should place the completed form in an envelope, seal it, and sign across the seal.
- \_\_\_\_\_ 5. You cannot use WKU social work faculty to complete recommendation forms.

\_\_\_\_\_ **Official Transcript. Submitted with application.**

### Official Transcript Tidbits:

- \_\_\_\_\_ 1. This MUST BE an OFFICIAL WKU transcript issued to you by the Registrar's Office. You cannot submit an unofficial transcript from TopNet.
- \_\_\_\_\_ 2. *Plan B* - You can submit an electronic version of your official transcript using the Clearing House available through the WKU Registrar's Office. Have it sent to Dr. May ([dean.may@wku.edu](mailto:dean.may@wku.edu)). It is your responsibility to ensure that Dr. May receives your transcript in time.

\_\_\_\_\_ **AOC Background Check. Submitted with application.**

### AOC Background Check Tidbits:

- \_\_\_\_\_ 1. You CANNOT submit the request before March 15<sup>th</sup> if applying for Fall admission.
- \_\_\_\_\_ 2. You CANNOT submit the request before September 1<sup>st</sup> if applying for Spring, Admission.

- \_\_\_ 3. Complete the AOC check online through the AOC FastCheck.
- \_\_\_ 4. If you have legal charges, including traffic tickets, please attach an explanation that includes what you learned from the event.

\_\_\_ **AOC-RU-004 Form.** Submitted with application.

AOC-RU-004 Form Tidbits:

- \_\_\_ 1. Fill-in all blanks. If it does not apply, then insert "not applicable" in that blank.

\_\_\_ **Student Waiver Form.** Submitted with application.

\_\_\_ **Taxpayer ID Number Request Form (W-9).** Submitted with application.

Taxpayer ID Number Request Form (W-9) Tidbits:

- \_\_\_ 1. Should be the most current address for stipend checks. If your address changes at any time as a PCWCP student, you will need to complete another Taxpayer ID Form (W-9).
- \_\_\_ 2. Complete ALL boxes that are highlighted or with an asterisk (\*). VERY important. You will sign your name twice, date twice, and print your name once.
- \_\_\_ 3. HIGHLY RECOMMEND – Complete ACH box to allow your stipend check to be automatically deposited using your routing and account numbers for you bank.

\_\_\_ **Contract.** Submitted with application.

Contract Tidbits:

- \_\_\_ 1. Sign contract.
- \_\_\_ 2. You are not officially admitted until the Contract is signed by the DCBS Commissioner's Office.
- \_\_\_ 3. Your PCWCP Site Coordinator will receive a signed copy of your contract.
- \_\_\_ 4. Print name in two locations on front page.
- \_\_\_ 5. On the last page list semester and month, year (Example: Spring – January, 2021).
- \_\_\_ 6. On last page list name of university.
- \_\_\_ 7. On last page sign, date, and list social security number.

\_\_\_ **Advisement.** Please seek advisement every semester BEFORE advance registering for classes. You must maintain full-time status.

\_\_\_ **Study Abroad Courses.** Students cannot take/participate in a study abroad course during a PCWCP paying semester.

\_\_\_ **CASA.** PCWCP students cannot be CASA (Court Appointed Special Advocate) volunteers once they have been accepted into the PCWCP.

- \_\_\_\_\_ **Retreat:** The next four retreat dates are March 26 & 27, 2021; August 6 & 7, 2021; April 8 & 9 2022; and, August 5 & 6, 2022. Attendance at all retreats is mandatory. You are responsible for your own transportation to and from retreats. Retreat dates are also listed on the PCWCP website: [www.pcwcp.eku](http://www.pcwcp.eku) .
  
- \_\_\_\_\_ **Child Welfare Classes:** Make sure you are scheduled to be enrolled in the two mandatory Child Welfare courses in the Fall (SWRK 450) and the Spring (SWRK 451). You must get at least a B grade in these courses. These courses must be taken in order: SWRK 450 first in the Fall followed by SWRK 451 in the Spring.
  
- \_\_\_\_\_ **GPA Requirements:** Remember that you must maintain a 2.5 overall GPA and a 3.0 cumulative Social Work GPA each semester.
  
- \_\_\_\_\_ **Practicum Grade Requirement:** Receive no less than a "B" or "Satisfactory/Passing" in the required PCWCP courses and field practicum(s).
  
- \_\_\_\_\_ **Full-time Status:** Maintain full-time status in the Fall and Spring semesters (minimum 12 credit hours). Maintain a minimum of 9 credit hours for the Summer semester (if utilized).
  
- \_\_\_\_\_ **Stipend Checks:** Your stipend checks go to you directly from ECU. The first stipend checks can arrive a couple weeks into the semester because they are a new data entry process. If you haven't received it by the third week into the semester, contact your PCWCP Site Coordinator.
  
- \_\_\_\_\_ **Tuition:** Be sure to sign the Letter of Intent for WKU when it is open on the WKU web site. Tuition is paid by ECU directly to WKU.
  
- \_\_\_\_\_ **Financial Aid:** Because your tuition will be paid by PCWCP, your financial *need* may be reduced. If you are receiving other financial aid (grants, scholarships, and loans) this can cause an overall reduction in your refund amount. BEWARE that you may receive money that may include an over-award that must be paid back. Before you spend a refund, please visit financial aid to ensure that you are entitled to the entire amount.
  
- \_\_\_\_\_ **Driver's License:** The Social Service position you will be applying for upon graduation requires that you have a valid driver's license (not a permit). It also requires a mode of transportation that allows for investigation in the new home, schools, etc., transportation of children, and home visits etc. State vehicles are not available at all times for every individual.
  
- \_\_\_\_\_ **Current Contact Information:** Make sure that your contact information (name, mailing address, email address, phone numbers, etc.) is always current with your Site Coordinator and the PCWCP office, even after you graduate. Your contract states you have **(5) working days to notify the PCWCP office of any changes.**

\_\_\_\_\_ **State Application:** During your graduating semester, begin applying to the state employment registers 30 days prior to your graduation date. You will complete an application while applying to all positions posted for your ten (10) counties. You may also begin interviewing 30 days prior to your graduation date. You will be required to apply to the Social Service Worker I position 30 days prior to your graduation date.

\_\_\_\_\_ **County Changes:** Any requests for changes to your original (10) counties must be on the Oversight Committee agenda the **semester before you graduate**.

\_\_\_\_\_ **Trainings:** As you approach your last PCWCP semester (your graduating semester), you will be required to attend three additional trainings (P&P Dynamics, Assessment and Case Planning, and TWIST) that require homework assignments. Pre-work will be required prior to your first training.

\_\_\_\_\_ **Graduating Semester:** During your last semester, you will be completing a state employment application. *In order to attend all interviews per your contract, you must keep your calendar open before and after graduation.*

\_\_\_\_\_ **Official Transcript (after graduation):** Within 30 days of graduation, please request an OFFICIAL transcript be mailed to Sarah Williams/PCWCP. The transcript must be an original (not a copy). It can be "student issued". The transcript must have your social work degree listed as well as your conferred/awarded date. Please mail to:

Sarah Williams  
EKU/TRC/UTC  
133 Stratton  
521 Lancaster Ave.  
Richmond, KY 40475

The transcript will then be forwarded to the Cabinet for processing.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
PCWCP Site Coordinator

\_\_\_\_\_  
Date