

AREA AGENCY VERIFICATION OF APPLICATION

I. The Area Agency on Aging of _____ verifies the application of _____ (name of applicant) for:

_____ Benefits Counselor not certified _____ (check, if certification incomplete)

_____ Benefits Counselor I _____ (check, if for re-certification)

_____ Benefits Counselor II _____ (check, if for re-certification)

II. The area agency further verifies that the applicant has successfully completed and has adequate documentation, on the following:

_____ Certification pending

_____ 25 hours required training, topics covered

_____ 20 hours counseling, with oversight

_____ at least a minimum passing score on the self-assessment

For Benefits Counselors II:

_____ 5 additional hours administrative appeals training, topics covered

_____ served as advocate in at least one mock or real administrative appeals hearing

III. The applicant is seeking re-certification and has completed:

_____ 12 additional hours of training on public/private benefits and related legal issues

IV. The applicant is (check one):

_____ an employee of the area agency

_____ a volunteer of the area agency or staff of a provider

The area agency further verifies that the applicant does not present a conflict of interest with the HICAP program.

DIRECTOR, AREA AGENCY ON AGING

DATE