![HCAI Department of Health Care Access and Information]

Updated 9/15/2023

Applicant Checklist for CBO Central Application:

General Information

The California Department of Health Care Access and Information (HCAI) is hosting this application on behalf of Community-Based Organizations who received awards for the Community-Based Organization Behavioral Health Workforce Grant Program. HCAI will collect applications and send them to the employer you indicate. The employer you indicate will use the application information to make award decisions. After you complete this application, you will need to contact your employer for the next steps in the application process.

It should take you no more than 10-15 minutes to complete this application. You will provide information about your current or planned enrollment in an educational program (if any), your education up to this point, your career goals, and any employment experience. Please have this information ready, as it will speed up the process of completing your application. If you navigate away from the application page and/or your computer's IP address changes, you must start over.

Required Information Collected from All Applicants

If you are a previous awardee of an HCAI program, you are required to indicate this and provide your previous grant number. You can locate your grant number by logging into your account through the funding portal and selecting the awards tab.

HCAI will share certain information with your employer to aid them in making an award decision. This includes information you provide on:
• Contact Information
  • You may use your personal or professional email- wherever you prefer we contact you.
  • Please provide your personal mailing address.
  • You may provide a personal or professional contact – whoever you would like us to follow-up with if you move or change your email address and we are unable to reach you directly.
• Employment Experience and Career Goals
  • See Professions List
  • Length of Time at Current Employer (Years, Months)
  • Length of Time in Current Healthcare Profession (Years, Months)
  • Percent of time spent serving children and youth ages 0-25
• Educational History (including Educational Debt) and Current/ Planned Enrollment
  • See Academic Program Information Checklist
  • See Debt/ Loan Repayment Checklist
• Languages you speak fluently/sufficiently to provide direct care services to clients.

HCAI will also ask you to provide demographic information. You may select "Decline to State" on these questions. HCAI will not share your individual responses to the more sensitive demographic information and will use this data for evaluation and reporting purposes only. This includes information you provide on:

• Race
• Ethnicity
• Gender Identity

• Date of Birth
• Sexual Orientation

HCAI will also ask you to provide information that allows us to verify if you are a past recipient of any HCAI awards. HCAI will not share this information with your employer. This includes information you provide on:

• Date of Birth
• Other applicable license, registration, or certificate numbers including NPI

Professions List (Scholarship, Stipend, Loan Repayment Applications)

- Advanced Practice Nurse
- Associate Clinical Social Worker
- Associate Marriage and Family Therapist
- Associate Professional Clinical Counselor
- Case manager/Care Manager
- Clinical Supervisor/Clinical Manager
- Clinical Psychologist
- Licensed Clinical Social Worker
- Licensed Marriage and Family Therapist
- Licensed Professional Clinical Counselor
- Licensed Vocational Nurse
- Mental Health Rehabilitation Specialist
- Nurse (non-psychiatric)
- Occupational Therapist
- Peer Personnel/Peer Specialist
- Pharmacist
- Physician (other)
- Physician Assistant
- Psychiatrist
- Psychiatric Mental Health Nurse Practitioner
- Psychiatric Nurse Specialist
- Psychiatric Technician
- Substance Abuse Counselor (including alcohol and other drug counselors)
- Other, please specify:

Academic Program Information Checklist (Scholarship, Stipend, Loan Repayment Applications)

Depending on your current and planned enrollment as well as previous educational history, you will be asked some or all of the following:

- Provide enrollment status.
- Name of school where you are enrolled or plan to enroll.
- When you plan to enroll.
- Type of school or program.
- In which academic year do you expect to complete or graduate from your program?
- What type of program are you currently enrolled in?
- What level of education attainment are you pursuing with this program?
- What is your major or area of concentration in your current program or planned area?
- What is your Grade Point Average (GPA) as of the last academic period?
- What scale does your academic institution use for reporting grade point average (GPA)?
- What is the cost of attendance?
- Do you have an undergraduate/ graduate degree?
- Indicate the undergraduate/ graduate degree(s) you hold.

Debt/ Loan Repayment Checklist (Loan Repayment Applications Only)

- Education Debt Amount
- Lender Name