

Pilot Site: _____
ELDERCARING COORDINATION APPLICATION
ACR/FLAFCC Task Force on Eldercaring Coordination

CIRCUIT COURT/JURISDICTION _____

Forward When Completed To:
Linda Fieldstone at Lindafieldstone@outlook.com

Name: _____

Present Employment: _____

Organization: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Languages fluent in other than English: _____

QUALIFICATIONS

PROFESSIONAL REQUIREMENT. Check all that apply and insert licensure or certification number(s):

I have earned at least a master's degree.

I am licensed and/or certified by a regulatory body of a jurisdiction, state or province as a:

License/Certification #	Regulatory Body	State/Province
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# _____	by _____	in _____
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# _____	by _____	in _____
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# _____	by _____	in _____
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ELDERCARING COORDINATOR REQUIREMENTS. Check all successfully completed.

Three years post licensure or post certification practice in any one of the professions listed above.

Family mediation training certified or approved by the circuit, jurisdiction, state or province or commensurate with the objectives established by the Association for Conflict Resolution.

Elder mediation training that meets the standards approved and adopted by the Association for Conflict Resolution

Eldercaring coordination training that meets the standards contained in the Association for Conflict Resolution Guidelines for Eldercaring Coordination

Description of Course(s) or Training	Date(s)	Name of Trainer and Entity which Sponsored or Approved Training
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I will comply with Americans with Disabilities Act, the Civil rights Act of 1964, as amended, and any other federal or state law that prohibits discrimination on the basis of race, color, national origin, religion, sex, age, marital status, or disability.

I am psychologically and cognitively able to perform the requirements of the Eldercaring Coordinator role; and have no situation, condition, impairment, or disorder that prevents the ethical, responsible and effective exercise of the Eldercaring Coordinator role.

I have not been a respondent in a final order for injunction for protection against elder abuse or exploitation, domestic, dating, sexual, or repeat violence or stalking.

I understand that I must discontinue service and immediately report to the court if I no longer meet the minimal qualifications or if any disqualifying circumstances occur, and the court may appoint another Eldercaring Coordinator.

EXPERIENCE

COURT APPOINTMENT.

List all counties, provinces, circuits, and jurisdictions in which you are applying to be on the roster of qualified eldercaring coordinators: _____

Yes No Has a circuit or jurisdiction, county or province removed you from its roster of qualified eldercaring coordinators? If so, state date removed, and reason for the removal.

PROFESSIONAL EXPERIENCE.

Describe your areas of practice or specialty: _____

Describe your alternative dispute resolution experience: _____

Describe any other professional experience you have that is pertinent to your ability as an eldercaring coordinator, (e.g. work with elders and/or families, parenting coordination): _____

Detail any additional expertise and training that will enhance your ability to address specific issues as an Eldercaring Coordinator, (e.g. elder abuse and exploitation, domestic violence, substance abuse, capacity issues, medical issues related to aging, legal issues, financial issues, etc.): _____

LOCATION AND LIMITATION

LOCATION. List any additional office locations where you can provide eldercaring coordination services. _____

LIMITATION.

Yes No Are you willing to work on cases with an active domestic violence injunction or a stay away order?

Yes No Are you willing to work on cases via telephone or video conference for parties who cannot attend meetings in-person?

Yes No Are you willing to work in a setting other than your office, including the elder's home or care facility?

State any locations in this circuit or jurisdiction, county or province, in which you are not willing to provide eldercaring coordination services: _____

FEE STRUCTURE

Your hourly rate of compensation as an eldercaring coordinator: \$ _____

Yes No Will you be charging a retainer fee? If so, state the amount \$ _____

Yes No Are you willing to accept pro bono or sliding fee appointments? If so, specify the conditions: _____

CRIMINAL HISTORY

If you answer **Yes** to any of the questions below, provide a **Separate Written Explanation and copies of all relevant documentation** of each item including date, location, crime or incident & action and attach it to form.

Yes No Have you ever been found guilty or adjudicated guilty of a crime as an adult in this or any other state/province? Check YES, even if the adjudication of guilt or judgment was withheld or if the criminal record was sealed or expunged (include traffic crimes, such as DUI, reckless driving, or driving without privileges, but do not include traffic infractions such as excessive speed).

Yes No Do you have criminal charges or warrants pending against you or are you on probation or parole in this state/province or any other state/province?

Yes No Have you ever been found in contempt of Court in this state/province or any other state/province?

Yes No Have you ever been investigated for abuse, neglect or exploitation of a child or vulnerable adult in this state/province or any other state/province?

SUPPORTING DOCUMENTATION CHECK LIST

Please check the following required documents attached to your application:

- 1. Your current professional license(s) and/or certification;
- 2. Proof of completion family mediation training;
- 3. Proof of completion of elder mediation training;
- 4. Proof of completion of eldercaring coordination training;
- 5. Documentation of abuse, neglect, exploitation investigation(s), if any;
- 6. Documentation of criminal history, if any; and
- 7. (Optional) Any other information that you feel might be relevant as your application is reviewed. This might include a brief description of special training or experience that might enhance your performance as an Eldercaring Coordinator.

ATTESTATION

I, _____, swear and affirm all of the following: that the information supplied on this application and all documents provided are correct; that to the best of my knowledge, I qualify for a position as Eldercaring Coordinator as defined by the Association for Conflict Resolution Guidelines for Eldercaring Coordination; and that I will notify, in writing, the Pilot Site in _____ of any change in circumstance or condition stated in the application within 30 days of such event, including: a) address change; b) legal name change; c) change in fees; d) any criminal conviction, or disqualifying event including any change in the status of a professional license or certification which I currently hold. I understand that any omissions, falsifications, misstatements or misrepresentations of the information provided in this application, or information required to be subsequently provided, may disqualify my eligibility to perform as eldercaring coordinator.

Signature _____

Date _____

NOTE: If you answer yes to any of the background questions and do not provide all copies of related information, you will be asked to furnish additional documents and sworn statements before your application will be reviewed.

COMPLETED APPLICATION AND ALL ATTACHED DOCUMENTS ON SUPPORTING DOCUMENTATION CHECK LIST MUST BE DELIVERED TO: Linda Fieldstone at: LindaFieldstone@outlook.com

