Hamilton Madison House

PEER SUPPORT WORKER TRAINING APPLICATION

From January 25th , 2027 -- May 28th , 2027

The Peer Support Worker Training is a free, 18-week training program offered by Hamilton- Madison House, Behavioral Health Services. We provide all required training and course materials at no cost. The program prepares community members with lived experience of mental health and/or substance use challenges to apply for the state peer support certification.

Applicants must meet the following requirements:

- *Must be 18 years of age or older*
- *Must have a high school diploma or GED*
- *Must have lived experience of a mental health and/or substance use challenge*

Personal Information

Legal First Name: _____ Legal Last Name: _____

Birth Date: _____ Gender: ◯ Male ◯ Female ◯ Non-binary

Address: _____

City: _____ State: _____ ZIP _____

Email: _____ Cell Phone: _____

Languages:

(Please provide all the languages you can speak)

_____

English Proficiency:

◯ Fluent ◯ Intermediate ◯ Basic

◯ Limited / No English

Education: ◯ Highschool Diploma or GED

◯ College or above

Race / Ethnicity (check all that apply)

□ American Indian or Alaska Native
□ Asian
□ Black or African American
□ Hispanic or Latino
□ Native Hawaiian or Pacific Islander
□ White
□ Other: _____
□ Prefer not to say

Acknowledgement:

□ I confirm that the information provided is accurate to the best of my knowledge.

Phone Call: (212) 720-4540
Email: behavioralhealth@hmhonline.org
253 SouthStreet
New York,NY10002

Reference

Please note:Applicants are required to provide at least one reference from a Mental Health Provider (e.g., therapist, counselor, psychiatrist, or case manager).

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Professional Reference (Mental health Provider)

Name:_____ Title/Role:_____
Organization: _____
Relationship to applicant: _____
Phone: _____ Email: _____
How long has the applicant known you? _____
Reference (write below):

Signature: _____

Professional/Personal Reference (Recommended)

Name: _____ Title/Role: _____
Organization (if applicable):_____
Relationship to applicant: _____
Phone: _____ Email: _____
How long has the applicant known you? _____
Reference Letter Attached:

Signature: _____