

## ODHS Child Welfare Management Approval

Portland State University – Culturally Responsive Child Welfare Education Program

### Applicant Approval

Note: This form must be completed for any applicant who is a current employee of ODHS Child Welfare and has applied to participate in the Culturally Responsive Child Welfare Education Program.

### Applicant Information

_____	_____	_____
Applicant Name	OR Number	Date

\_\_\_\_\_  
Child Welfare Office

Applicant is applying for (check one):    BSW                  MSW

### Management Approval

#### Direct Manager

The above-named applicant is applying for participation in the Culturally Responsive Child Welfare Education Program (CRCWEP). The applicant and their direct manager have discussed the individual application process and developed a plan that balances workload and educational supports for up to 3 years.

As the assigned manager for this applicant, I confirm that the applicant's employment status is in good-standing and the applicant has worked for ODHS Child Welfare for a minimum of 2 consecutive years upon application to CRCWEP.

Yes

\_\_\_\_\_  
Direct Manager Name (printed)

\_\_\_\_\_  
Direct Manager Signature

\_\_\_\_\_  
Date

**For applicants who have not met the eligibility requirement of 2 consecutive years of employment within ODHS Child Welfare: The ODHS Child Welfare Program Manager may provide their request for exception to apply for the CRCWEP.**

Directions for Program Manager: Add narrative as to why the employee is supported to apply for the CRCWEP when eligibility requirements are not met:

#### Local Office Management Team

Upon acceptance into CRCWEP, the applicant will be required to complete the following:

- Practicum –
  - BSW: Child Welfare specific practicum 12 hours per week for 9 months
  - MSW: Child Welfare specific practicum 16 hours per week for 9 months

- Community practicum (unpaid) and/or request for 2<sup>nd</sup> Child Welfare specific practicum (Employed Social Work / paid) 12 hours (BSW) /16 hours (MSW) per week for 9 months.
- Class attendance – class schedule may vary.

The direct Manager of the applicant, and the Program Manager and the District Manager have convened and are supportive of the applicant participating in CRCWEP and commit to support their efforts and participation in completing BSW/MSW practicum requirements in CRCWEP.

Yes

No

_____	_____	_____
Program Manager Name (printed)	Program Manager Signature	Date

_____	_____	_____
District Manager Name (printed)	District Manager Signature	Date