



Support Service Provider Application

SECTION 1: Applicant Information

NAME: First MI Last

Address

City State Zip County

Video Phone Mobile Phone Other Phone/TTY

Email

Preferred contact? Video Phone Email Text Phone/TTY

SECTION 2: Professional Experience

1. Why do you want to work as an SSP?

2. Are you currently working as an SSP? YES or NO

3. Have you worked as an SSP before? (If yes, please explain, including years of experience)

4. What is/was your pay rate per hour?

5. Have you had a formal SSP training? (if yes, please explain)

6. Please describe your background of Deaf-Blindness.

7. When are you available? Put your available times.
 - Monday Time: _____
 - Tuesday Time: _____
 - Wednesday Time: _____
 - Thursday Time: _____
 - Friday Time: _____
 - Weekend Time: _____

SECTION 3: Personal Profile

1. Are you?

- Deaf
- Late-Deafness
- Hard of Hearing
- Hearing

More details, if needed: _____

2. Which of the following communication methods do you know?

- American Sign Language (ASL)
- Signed Exact English (SEE)
- Pidgin Signed English (PSE)
- High Visual Communication Skills (i.e. tracking)
- Tactile Sign language
- Close-Vision Sign Language
- Spoken English
- Other Spoken Language: _____
- Other Signed Language: _____
- Other: _____

3. Are you will to work with following?

- Tactile
- Tracking
- Combined Vision and Hearing Loss (CVHL)
- Low Vision

4. Which of the following assistive technology are you familiar with?

- Braille
- JAWS
- Computer braille
- Electronic/screen reader
- Video Phone
- TTY

- Accessible tool on computer/phone/tablets
- Other: _____

5. What hobbies and activities do you enjoy?

6. Any other additional information you want to share?

SECTION 4: Applicant Signature

The above facts are true and complete to the best of my knowledge.

Applicant Signature

Date

Emergency Contact Information:

Name: First

Last

Phone

Email

