



**STATE OF TENNESSEE  
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES  
OFFICE OF STATEWIDE SYSTEMS OF CARE  
Andrew Jackson Building, 5<sup>th</sup> Floor  
500 Deaderick Street  
NASHVILLE, TENNESSEE 37243**

## **Statement of Personal Experience**

Because of his or her life experience in caring for a child with a *mental, emotional, behavioral, or co-occurring disorder* and in navigating *child-serving systems* to access resources necessary to build *resiliency*, a Certified Family Support Specialist is uniquely able to provide support to and inspire hope in others who are facing similar challenges

Certified Family Support Specialist Applicant:

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**(Please Print Name)**

Please answer the following questions to the best of your ability. Your responses will help us get to know you and will assist the OSSOC and / or the Advisory Council in identifying qualified applicants.

Write or type your answers on separate paper, and submit them with your application packet.

- A. Describe in 5-10 sentences your experience as a *caregiver* of a child or youth with *mental, emotional, behavioral, or co-occurring disorders*.
- B. What experiences have you had in assisting or advocating for families of children and youth with *mental, emotional, behavioral (MEB), or co-occurring disorders*? (For example, support group leadership, self-advocacy, public testimony, programs you started)
- C. Describe in 5-10 sentences what *resiliency* means to you and how you've strengthened *resiliency* in your child and family.
- D. Describe in 5-10 sentences how you practice *self-care*.
- E. Describe in 5-10 sentences why you would like to become a Certified Family Support Specialist.
- F. Describe in 5-10 sentences why you believe that you would be a good candidate to work with other *caregivers* of children and youth with *MEB, or co-occurring disorders*.