

COLONIAL INTERMEDIATE UNIT 20
A Regional Service Agency
6 Danforth Drive
Easton, Pennsylvania 18045-7899

PROVIDER 50

Name: _____

Address: _____

Phone: **Home** (____) _____ **Work** (____) _____

Positions are part-time(hourly); no benefits; service provided in the home, school or community during daytime, evenings or weekends, dependent on client need.

____ Behavioral Specialist/Consultant (Master's Degree in Human Services, Licensed Psychologist, Doctorate level)

____ Mobile Therapist (Master's level in Human Services or Special Education)

Therapeutic Staff Support

____ TSS Category A (Bachelor's Degree in Human Services or Bachelor's Degree outside the human services field and one year full-time experience working with children)

____ TSS Category B (Associate's Degree or 60 college credits and three years full-time experience working with children)

____ TSS Aide (High School Diploma and five years full-time experience working with children)

1. Please indicate the school districts in which you are willing and available to provide direct service for:

- | | | |
|-----------------------|------------------|----------------------|
| ____ Bangor | ____ Easton | ____ Pleasant Valley |
| ____ Bethlehem | ____ Nazareth | ____ Pocono Mountain |
| ____ Delaware Valley | ____ Northampton | ____ Saucon Valley |
| ____ East Stroudsburg | ____ Pen Argyl | ____ Stroudsburg |
| | | ____ Wilson |

2. Please indicate your areas of expertise. (i.e., Play Therapy, Sexual Abuse, Substance Abuse, Family Therapy)

3. Are you currently serving as a provider 50 subcontractor for other agencies? If so, where?

4. Please indicate the days of the week and times that you will be available for services:

5. Is your availability restricted by limitations? If so, please list.

Signature

Date