



**APPLICATION FOR BACHELOR OF SOCIAL WORK (BSW) /
MASTER OF SOCIAL WORK (MSW) INCENTIVE PROGRAM**

State Form 56829 (R / 9-19)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: *The applicant must:*

1. Complete this form;
2. Obtain approval and signature on this form as follows:
 - a. A Family Case Manager (FCM) or FCM Supervisor must obtain approval and signature from his or her Local Office Director (LOD),
 - b. Any other DCS employee must obtain approval and signature from his or her Deputy Director or designee; and
3. Submit the form, along with official transcripts documenting completion of the Bachelor of Social Work (BSW) or Master of Social Work (MSW) Degree, to DCS Human Resources (HR) at BSWMSWIncentiveProgram@dcs.in.gov. See policy HR-2-15 BSW/MSW Incentive Program for additional information.

APPLICANT INFORMATION		
Name of applicant	Position	
E-mail address of applicant	Telephone number of applicant ()	
Assigned work station	PeopleSoft identification number	
Degree for which you are applying for the incentive program (<i>check one</i>)		
<input type="checkbox"/> Bachelor of Social Work (BSW) <input type="checkbox"/> Master of Social Work (MSW)		
Name of college or university	Date degree conferred (<i>month, day, year</i>)	

APPLICANT CERTIFICATION		
I certify that all information listed on this application is true and that I meet all criteria for the BSW / MSW Incentive Program as stated in Policy HR-2-15 BSW / MSW Incentive Program.		
Signature of applicant	Printed name of applicant	Date (<i>month, day, year</i>)

LOCAL OFFICE DIRECTOR CERTIFICATION – <i>Required for all FCM and FCM Supervisor applicants</i>		
I certify that the above named employee is meeting performance expectations and competencies, has not been placed on a Work Improvement Plan (WIP) in the last twelve (12) months, and has not had disciplinary action in the last twelve (12) months.		
Signature of Local Office Director	Printed name of Local Office Director	Date (<i>month, day, year</i>)

DEPUTY DIRECTOR CERTIFICATION – <i>Required for applicants holding all positions with the <u>exception</u> of FCM and FCM Supervisor</i>		
I certify that the above named employee is meeting performance expectations and competencies, has not been placed on a Work Improvement Plan (WIP) in the last twelve (12) months, and has not had disciplinary action in the last twelve (12) months.		
Signature of Deputy Director or designee	Printed name of Deputy Director or designee	Date (<i>month, day, year</i>)