



COUNTY OF YOLO

Health and Human Services Agency

137 N. Cottonwood Street • Woodland, CA 95695
(530) 666-8630 • www.yolocounty.org

MENTAL HEALTH REHABILITATION SPECIALIST / MENTAL HEALTH WORKER APPLICATION

Agency: _____ Date _____

Contact Person: _____ Phone: () - X

I attest that I, _____, have the following education and experience required to qualify for the designation of a Mental Health Rehabilitation Specialist (MHRS) OR a Mental Health Worker (MHW) category. I meet at least one of the indicated options below: *(Check all that apply)*

MHW

- I am at least 18 years of age
- I earned a High School Diploma
- I have at least one year of experience working in a mental health related field (such as child development, social work, human behavior, rehabilitation, psychology, or alcohol and drug counseling.)

MHRS

- I earned an Associate's Degree
- I earned a Bachelor's Degree
- I earned a Master's Degree or PhD
- I have two (2) years of full-time/equivalent (FTE) direct care experience in a mental health setting.
- I have four (4) years of full-time/equivalent (FTE) direct care experience in a mental health setting.
- I have six (6) years full-time/equivalent (FTE) direct care experience in a mental health setting. At least two of the six years where post-AA degree experience in a mental health setting.
- I do not meet any of the above criteria, but I am requesting special consideration for the Mental Health Worker Classification based on the following: (If additional space is required, attach additional pages as needed)

Applicant: _____
Signature Date

Agency Representative: _____
Supervisor/Manager Signature Date

Quality Management: _____
Signature Date

Approved Classification: MHRS MHW No Classification-does not meet criteria