



## Integrative Care Across the Lifespan (ICAL)

### ICAL – BEHAVIORAL HEALTH/ ICAL – OPIOID/MAT APPLICATION

**Deadline: Friday, April 16**

#### APPLICANT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary phone \_\_\_\_\_

Primary e-mail \_\_\_\_\_

MSW Concentration \_\_\_\_\_ Current GPA \_\_\_\_\_

Are you a full-time student? \_\_\_\_\_

Will you be completing your field placement in 2021-22? \_\_\_\_\_

Which stipend are you applying for? (check one)

ICAL – Behavioral Health \_\_\_\_\_ ICAL – Opioid/MAT \_\_\_\_\_ Both \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Primary phone \_\_\_\_\_ Primary e-mail \_\_\_\_\_

#### TERMS OF APPLICATION

If selected for the program, do you agree to:

1. Maintain enrollment for the entire academic year? \_\_\_\_\_ yes \_\_\_\_\_ no

2. Maintain a cumulative GPA of at least 3.0? \_\_\_\_\_ yes \_\_\_\_\_no
3. If needed, complete a background screening, including child protective services, fingerprinting, and a driver's license check? \_\_\_\_\_ yes \_\_\_\_\_no
4. Meet internship requirements and successfully complete the HRSA ICAL internship? \_\_\_\_\_ yes \_\_\_\_\_no
5. Successfully complete ICAL coursework requirements? \_\_\_\_\_ yes \_\_\_\_\_no
6. Return or repay the stipend or any portion distributed if you fail to graduate and/or complete all requirements of this program? \_\_\_\_\_ yes \_\_\_\_\_no
7. Notify the school and field instructor within 5 calendar days of any changes in name or address? \_\_\_\_\_ yes \_\_\_\_\_no

## **APPLICATION MATERIALS**

Please attach the following documents with this application:

- Resume.
- BSW transcript (an unofficial version is fine).
- Your first-year field evaluation.
- An academic letter of recommendation, from your advisor or an instructor. You will need to sign a release of information if you request a letter from a UConn faculty or staff member. The *Release Form for Letter of Recommendation* can be found at <https://ferpa.uconn.edu/forms/>. It should be submitted to OSAS at [sswstudentservices@uconn.edu](mailto:sswstudentservices@uconn.edu).
- A professional letter of recommendation, from your field placement supervisor or a work supervisor from a social work setting.
- Personal statement: Please respond to each of the following questions:
  1. Describe your interest in substance use and behavioral health, including future employment goals, related experience, interest in the population, and any other relevant information.
  2. Please reflect on your practice skills, including strengths and areas for growth.
  3. How would you benefit from this internship opportunity?
  4. What do you see as challenges for social workers in integrated care settings? How would you address them?

**Please return this application, personal statement, and other required documents to [ICAL@uconn.edu](mailto:ICAL@uconn.edu).**

**Please ask your recommenders to submit their letters directly to [ICAL@uconn.edu](mailto:ICAL@uconn.edu).**

**Applicants may be selected for an interview following a review of these materials. You will be notified by email of our decision.**

**ICAL APPLICATION**

**PROFESSIONAL RECOMMENDATION FORM**

**Students' name** \_\_\_\_\_

**Recommender's name** \_\_\_\_\_

**Recommender's e-mail** \_\_\_\_\_

**Recommender's relationship to student** \_\_\_\_\_

The student indicated above is applying for the following:

**ICAL – Behavioral Health** \_\_\_\_\_ **ICAL – Opioid/MAT** \_\_\_\_\_ **Both** \_\_\_\_\_

The ICAL – Behavioral Health program provides students the opportunity to complete their second field placement in a setting that provides integrated medical and behavioral care. The ICAL – Opioid/MAT program places students in integrated care settings that provide Medication Assisted Treatment to clients with opioid use disorder. Both programs are supported by a federal grant, and participating students will receive a \$10,000 stipend.

Students must provide evidence of strong academic and practice skills, as well as the ability to reflect critically on their practice. Experience in behavioral health care or substance use treatment is helpful.

In the space below, or in an email, please comment on your impressions of the student's performance in field and/or academically. Please discuss any strengths of the student, as well as any concerns you have about the student's admission into the program.

Please submit your letter directly to [ICAL@uconn.edu](mailto:ICAL@uconn.edu).

Thank you for your assistance!

**ICAL APPLICATION**

**ACADEMIC RECOMMENDATION FORM**

**Students' name** \_\_\_\_\_

**Recommender's name** \_\_\_\_\_

**Recommender's e-mail** \_\_\_\_\_

**Recommender's relationship to student** \_\_\_\_\_

The student indicated above is applying for the following:

**ICAL – Behavioral Health** \_\_\_\_\_ **ICAL – Opioid/MAT** \_\_\_\_\_ **Both** \_\_\_\_\_

The ICAL – Behavioral Health program provides students the opportunity to complete their second field placement in a setting that provides integrated medical and behavioral care. The ICAL – Opioid/MAT program places students in integrated care settings that provide Medication Assisted Treatment to clients with opioid use disorder. Both programs are supported by a federal grant, and participating students will receive a \$10,000 stipend.

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Thank you for your assistance!