

MAINE WELFARE DIRECTORS' ASSOCIATION

CERTIFICATION IN GENERAL ASSISTANCE REGULATION

APPLICATION

EITHER THE APPLICANT OR THE MUNICIPALITY MUST BE A MEMBER OF MWDA

Name: _____

Title: _____

GA Administrator/Welfare Director
Eligibility Specialist/Caseworker

Municipality: _____

Telephone: _____

Length of Service
in GA Position: _____

**CERTIFICATION IS VALID FOR THREE (3) YEARS FROM THE
APPROVAL DATE.**

ALL REQUIREMENTS MUST BE COMPLETED DURING THE MOST RECENT
CONSECUTIVE THREE (3) YEAR PERIOD.

APPLICANT IS RESPONSIBLE TO PROVIDE DOCUMENTATION THAT ALL
REQUIREMENTS HAVE BEEN SUCCESSFULLY COMPLETED.

MANDATORY REQUIREMENTS

**THE TRAINING IS TO BE CONDUCTED BY THE MAINE WELFARE DIRECTORS'
ASSOCIATION AND/OR THE STATE OF MAINE DEPARTMENT OF HUMAN
SERVICES AND THE MAINE MUNICIPAL ASSOCIATION.**

Date

1. 22 MRSA 4301 et seq. _____

2. MMA Model General Assistance Ordinance _____

3. Maine DHS General Assistance Policy _____

* In order to become re-certified, applicant is required to attend at least one MWDA sponsored training annually in the two years prior to applying for re-certification.

CERTIFICATION IN GENERAL ASSISTANCE REGULATION

CERTIFICATION GUIDELINES

I. Introduction

As reflected in the by-laws of the Maine Welfare Directors' Association, the purpose of this certification in General Assistance Regulation is as follows:

- A. to establish and promote equitable, efficient and standardized administration of General Assistance, and**
- B. to encourage the professional development of Welfare Directors/GA Administrators and Eligibility Specialists/Caseworkers, and**
- C. to provide and exchange information which will improve the administration of General Assistance.**

II. Philosophy

The General Assistance Program is grounded in the philosophy that a fundamental role of government is to provide a safety net to protect the health and well being of all citizens in our community. The General Assistance Program is administered according to standards and rules established by state regulations, laws and municipal ordinance.

III. Certification Procedure

A. How will the certification process work?

Members of the Professional Development and Certification Committees will review each application and approve or deny. Once the application has been reviewed a notice will be sent to the applicant. If the application is approved, a letter of recognition will be sent to the recipient, and to the recipient's city/town. All of those receiving certificates will have their original certificate awarded at the Spring Seminar.

Who should apply?

Any individual who is a member of MWDA or whose municipality is a member of MWDA.

CERTIFICATION GUIDELINES

C. What criteria will be used as the basis for certification?

To become certified the applicant must submit an application form with:

- 1. A copy of the MWDA membership card or other proof of current membership.**
- 2. Supporting documentation showing that all requirements have been successfully completed. Certificates must be attached and in the order in which they appear on the application.**

APPLICANT MUST ATTEND EACH TRAINING IN ITS ENTIRETY IN ORDER TO BECOME CERTIFIED.

A. MANDATORY REQUIREMENTS

1. MUNICIPAL GENERAL ASSISTANCE LAW: Applicant is required to attend training on M.R.S.A. Title 22. Training covers Laws (General Assistance) of the State of Maine which pertain to municipalities.

2. MUNICIPAL ORDINANCE: Applicant is required to attend training on the Municipal Ordinance. Using the MMA Model Ordinance, training covers the ordinance and how to apply it to your municipality.

3. MAINE DEPARTMENT OF HUMAN SERVICES G. A POLICY: Applicant is required to attend training on DHS/GA Policy. Training covers DHS Policy as it relates to G.A.

CERTIFICATION IS VALID FOR THREE (3) YEARS FROM THE APPROVAL DATE.

THIS APPLICATION MUST BE ACCOMPANIED BY PROOF OF COMPLETION OF MANDATORY REQUIREMENTS.

CERTIFICATES MUST BE ATTACHED AND IN THE ORDER IN WHICH THEY APPEAR ON THE APPLICATION.

Please send copies, we cannot be responsible for the loss of original documents.

All applications must be typed (or printed with block letters).

PLEASE SEND TO:

JOAN KISZELY

MAINE WELFARE DIRECTORS' ASSOCIATION

PROFESSIONAL DEVELOPMENT COMMITTEE

MAINE MUNICIPAL ASSOCIATION

60 COMMUNITY DRIVE

AUGUSTA MAINE 04330