

**UB SCHOOL OF SOCIAL WORK
FIELD EDUCATION DEPARTMENT**

AGENCY PROFILE FORM (2015-2016)

Please Return Form to:
FAX - (716) 645-3157 or
Email to sw-field@buffalo.edu

Please complete for any Program/Site where MSW interns may be placed.

Date _____

For SSW Field Office Internal Use Only
 New Site Main Site Name _____ Sub Site
 Field Educator Name (if known) _____
 Outside Field Educator Name (if known) _____
 Need Outside Field Educator (for Director use) / suggested Outside Field Educator Name _____

Agency Name _____

Program/Site Name _____

Address _____

City _____ State _____ Zip/Postal Code _____

County _____ Telephone _____ Fax _____

Website (if available) for students to learn more about agency _____

Contact Person/Agency Field Liaison: (Please identify below the person to contact to arrange field placements.)

Name _____ Title _____

Contact Address (If different than above) _____

Telephone and Extension (If different than above) _____ Fax _____

Email (If available) _____

This program/site is interested in accepting students in the following categories:

	Semesters	Days or Hours Per Week	Student Type
<input type="checkbox"/>	Fall '15 & Spring '16	2 days or 15 hours	Foundation Placement (FT & PT)
<input type="checkbox"/>	Fall '15 & Spring '16	2 days or 15 hours	Advanced Placement (FT)
<input type="checkbox"/>	Spring & Summer '16	2 days or 15 hours	Advanced Placement (PT)

Total Number of Students this program/site can take: _____

Area(s) of Practice (Please check ALL AVAILABLE AREA(S) OF PRACTICE;
Does not apply to 1st Foundation Year Students.)

<input type="checkbox"/>	Administration/ Management
<input type="checkbox"/>	Child Welfare & Family Systems
<input type="checkbox"/>	Developmental Disabilities
<input type="checkbox"/>	School Social Work

<input type="checkbox"/>	Aging
<input type="checkbox"/>	Community & Social Systems
<input type="checkbox"/>	Health/ Disabilities

<input type="checkbox"/>	Alcohol/Drugs/ Substance Abuse
<input type="checkbox"/>	Correction/Criminal Justice/Legal Advocacy
<input type="checkbox"/>	Mental Health

How many Licensed MSW Staff work at this site? _____

In addition to students' regular one-hour of individual supervision, are there any training opportunities for students? (i.e. Inservice training, Group supervision)

Please complete the following information about your program. *(Check all that apply)*

Practice Settings Available for MSW Interns at the Program/Site

- | | |
|---|--|
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Outpatient |
| <input type="checkbox"/> Court/Justice System | <input type="checkbox"/> Residential Treatment |
| <input type="checkbox"/> Home-Based Care | |
| <input type="checkbox"/> Hospice | |
| <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Inpatient | |
| <input type="checkbox"/> School | |
| <input type="checkbox"/> Shelter | |
| <input type="checkbox"/> Other, please specify: _____ | |

Social Work Practice Activities Available for MSW Interns in the Program/Site

- | | |
|--|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Group Work |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Information/Referral |
| <input type="checkbox"/> Alcohol/Drug Treatment Services | <input type="checkbox"/> Intake |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Community Organization | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Policy Development |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Preventive Services |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Program Development/Needs Assessment |
| <input type="checkbox"/> Developmental Disabilities Services | <input type="checkbox"/> Program Evaluation |
| <input type="checkbox"/> Diagnosis/Psychotherapy | <input type="checkbox"/> Protective Services |
| <input type="checkbox"/> Discharge Planning | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Research |
| <input type="checkbox"/> Grants | <input type="checkbox"/> Resource Procurement |
| <input type="checkbox"/> Grief and loss | <input type="checkbox"/> Treatment Planning |
| | <input type="checkbox"/> Other, please specify: _____ |

Client Populations which MSW Interns will have an opportunity to work with

(Check all that apply)

- | | | | |
|---|---------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Adults | <input type="checkbox"/> Children | <input type="checkbox"/> Couples |
| <input type="checkbox"/> Families | <input type="checkbox"/> Females | <input type="checkbox"/> LGBT | <input type="checkbox"/> Males |
| <input type="checkbox"/> Multi Cultural | <input type="checkbox"/> Older Adults | <input type="checkbox"/> Organizations/Community | |
| <input type="checkbox"/> Veterans | | | |

Ethnicity of Client Population within the Program/Site

(Please supply approximate percentages.)

_____ % Caucasian (Non-Hispanic) _____ % Native American
_____ % African American (Non-Hispanic) _____ % Asian/Pacific Islander
_____ % Hispanic/Latino _____ % Other *Specify:* _____

This program/site:

Can accommodate students who will need evening hours? Yes No

Can accommodate students who will need weekend hours? Yes No

What hours (include evenings/weekends if applicable) are regularly available for Student Placements?

Monday	_____	Friday	_____
Tuesday	_____	Saturday	_____
Wednesday	_____	Sunday	_____
Thursday	_____		

Will student(s) be required to attend agency training (including Specialized Software Training) **prior** to the normal start date of placement as specified by the School of Social Work?

Yes No If yes, please specify dates and length of training. Please be specific.

Are there any specific hours that a student **must** be present at the placement? (i.e. staff meetings)

Yes No If yes, what days and/or hours are required. Please be specific.

Is wheelchair accessible? Yes No

Is field site on a bus route? Yes No

Is a vehicle necessary for travel as part of the placement requirements? Yes No

** Due to liability issues, students are not allowed to transport clients.*

Is there a fee for parking at or near the agency? Yes Fee Amount: _____

No, free parking available

Reimburses mileage for agency related activities? Yes No

Does the agency have a policy that may restrict accepting an MSW intern (i.e. intern who has received service from agency, no smoking policy, etc.)? Yes No

If yes, please specify: _____

Requires special health screening and/or any other specific requirements besides PPD in past year?

Yes No

If yes, please specify: _____

Has potential for student stipends? Yes No

Criteria: _____

Prefers a student who is bilingual? Yes What language? _____ No

Please write a sentence or two that describes the **primary** activities and **focus** of duties for the MSW intern at this site. **This information will appear online to students interested in this placement. Please be as specific as possible. (Use back of page if necessary.)**

APPENDIX A

LICENSURE STATUS

Name of Agency Site for Placement:

- **Beginning Fall 2006 all Field Educators in New York State supervising MSW interns will be required to be a NYS Licensed Social Worker:** either Licensed Masters Social Worker (LMSW) or Licensed Clinical Social Worker (LCSW) **unless they are employed at an agency that is exempt according to NYS law.**
- **An exempt agency** is one that has an operating certificate from any of the following agencies: NYS Office of Mental Health, NYS Office of Mental Retardation and Developmental Disabilities, NYS Office of Children and Family Services or NYS Office of Alcoholism and Substance Abuse Services.

Please check any that are appropriate: The above stated placement site has an operating certificate issued by:

- NYS Office of Alcoholism and Substance Abuse Services (OASAS)
- NYS Office of Mental Health (OMH)
- NYS Office of People With Developmental Disabilities (OPWDD)
- NYS Office of Children and Family Services (OCFS)
- This agency is not operated, regulated or licensed by any of the above state agencies.

Please submit a copy of your agency's operating certificate with this form.

Return Forms to:

UB School of Social Work, Field Education Department,
685 Baldy Hall, Buffalo, NY 14260-1050
Or Fax (716) 645-3157