State of Illinois Department of Children and Family Services Office of Training and Professional Development

FOSTER PARENT TRAINING CREDIT APPROVAL FORM

PLEASE PRINT. Keep the original for your records. Fax or Mail a copy to: DCFS Office of Training, 406 E. Monroe, Station 122, Springfield, IL 62701, FAX 217-782-9301 within 30 days following completion of training. Requests submitted 6 months or more after the training will not be approved. Unreadable or incomplete Training Credit Approval Forms will be returned. One form is required for <u>EACH person</u> and <u>EACH training event</u>.

	ated Foster Parent Relative Foster Parent
Last Four Numbers of Your Social Security Number -	
Name: (First) (l	Last)Please Print
Address:	
City: State: Illinois Zi	ip: County:
Area Code & Home Phone #:	Cell Phone #:
Do you have access to a computer?	o you have internet access?
E-Mail Address:	
2. LICENSING INFORMATION - Call your agency office for	or this information if you do not know it.
Foster Care License Number:	Expiration Date:
Family Development Specialist / Licensing Worker Name: _	
Agency Name:	Worker Email:
Agency Address:	Phone: ()
City:	State: Illinois Zip:
3. Type of Training – check ONE box (Please send s	
A. Classroom Training Course On-Line Training	
Name or Title of Classroom Course/On-Line Course	
Training Location/Agency Name/Internet Address	
B.	Minutes
Title:	From DCFS Lending Library? Yes No
C. Book Number of Pages Author	
Title:	From DCFS Lending Library? Yes No
Attach a copy of the table of contents from the book you	read if the book is not from the DCFS Lending Library.

4. TRAINING DATES(S)			
Training Start Time:_		End Time:	(each day)
Length of Training:	Hours	Minutes (breaks and lunch do not cou	unt as training time)
5. NAME(S) OF TRAINER(S) WHO PRESENTED CI	LASS OR ON-LINE COURSE:	
6. BRIEF DESCRIPTION OF	OBJECTIVES OF TRAI	INING:	
7. DESCRIBE HOW THIS TR	RAINING WILL BE HELI	PFUL TO THE WORK YOU DO AS A FOST	TER PARENT
APPLY) Protect and	nd Nurture Children	ENCIES ADDRESSED IN THIS TRAINING?	(CHECK ALL THAT
<u> </u>	Relationships Between Cl	•	
<u> </u>	-	ing Relationships Intended to Last a Lifetin	me
<u> </u>	a Member of a Profession	•	
9. SIGNATURE OF FOSTER P	'ARENT	Date:	:
FOSTER/ADOPTIVE PARENTS	S – THE FOLLOWING MU	IST BE ATTACHED TO THIS FORM:	
		g including the purpose of the training	
2) Proof of Attendance		TO A DODG Londing	-
	•	if <u>not</u> borrowed from the DCFS Lending	·
	QUESTS SUBMITTE	RAINING CREDIT WITHIN 30 DA' ED 6 MONTHS OR MORE AFTER ' OT BE APPROVED.	
1	Note: This section comple	eted by DCFS Office of Training Staff	
	Foster Paren	nt Training Credit Hour(s)	
☐ Disapproved Comment	ts:		
More Information Needs			
Reviewed By	Designal Tro	Date:_	
	Kegiunai 11a	ming Manager	