

**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 EACH person and EACH training event.

**1. PARENT INFORMATION – CHECK ONE:**     **Non-Related Foster Parent**     **Relative Foster Parent**  
 **Other** \_\_\_\_\_

Last Four Numbers of Your Social Security Number - \_\_\_\_\_

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_  
Please Print Please Print

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Illinois    Zip: \_\_\_\_\_    County: \_\_\_\_\_

Area Code & Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Do you have access to a computer?  Yes     No    Do you have internet access?     Yes     No

**E-Mail** Address: \_\_\_\_\_

**2. LICENSING INFORMATION - Call your agency office for 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 supporting documents, noted on back of form)**

A.  Classroom Training Course     On-Line Training Course

Name or Title of Classroom Course/On-Line Course \_\_\_\_\_

Training Location/Agency Name/Internet Address \_\_\_\_\_

B.  Videotape / Audiotape/ DVD    Run Time: Hours \_\_\_\_\_ 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 count as training time)

5. NAME(S) OF TRAINER(S) WHO PRESENTED CLASS OR ON-LINE COURSE:

\_\_\_\_\_

6. BRIEF DESCRIPTION OF OBJECTIVES OF TRAINING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. DESCRIBE HOW THIS TRAINING WILL BE HELPFUL TO THE WORK YOU DO AS A FOSTER PARENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. CHECK THE FOSTER/ADOPT PRIDE COMPETENCIES ADDRESSED IN THIS TRAINING? (CHECK ALL THAT APPLY)

- Protect and Nurture Children
- Meet Developmental Needs/Address Development Delays
- Support Relationships Between Children & Families
- Connect Children to Safe, Nurturing Relationships Intended to Last a Lifetime
- Work as a Member of a Professional Team

9. SIGNATURE OF FOSTER PARENT \_\_\_\_\_ Date: \_\_\_\_\_

FOSTER/ADOPTIVE PARENTS – THE FOLLOWING MUST BE ATTACHED TO THIS FORM:

- 1) Detailed outline or agenda of the training including the purpose of the training
- 2) Proof of Attendance
- 3) Table of Contents of the book you read, if not borrowed from the DCFS Lending Library.

**PLEASE SUBMIT THE REQUEST FOR TRAINING CREDIT WITHIN 30 DAYS FOLLOWING THE TRAINING. REQUESTS SUBMITTED 6 MONTHS OR MORE AFTER THE TRAINING WILL NOT BE APPROVED.**

Note: This section completed by DCFS Office of Training Staff

- Approved for \_\_\_\_\_ Foster Parent Training Credit Hour(s)
- Disapproved Comments: \_\_\_\_\_  
\_\_\_\_\_
- More Information Needed Comments: \_\_\_\_\_  
\_\_\_\_\_

Reviewed By \_\_\_\_\_ Date: \_\_\_\_\_  
Regional Training Manager