CFS 2022
Rev 1/2010

State of Illinois
Department of Children & Family Services

Print Form

E-Mail Form

FOSTER PRIDE/ADOPT PRIDE PRE-SERVICE/PRE-LICENSURE TRAINING REFERRAL FORM

Participants must be referred by an agency worker for all Foster PRIDE/Adopt PRIDE training. This form is NOT to be completed by prospective foster parents. Twenty-seven hours of Foster PRIDE/Adopt PRIDE training are required for licensing *un-related* foster parents. Six hours (Sessions 1 & 2) of Foster PRIDE/Adopt PRIDE training, six hours of HMR PRIDE training or six hours of DVD PRIDE training are required for licensing *related* foster parents.

Additional information about the training licensing requirements for all prospective foster parents can be found on the DCFS D-Net home page, at the Home of Relative quick link. Call 877-800-3393 with questions.

Please submit this form by E-mail using the "E-Mail Form" button in the upper right hand corner.

Please check to indicate completion:

- ☐ Applicants have received Foster Parent Application form
- ☐ Applicants have been assigned a foster home licensing worker
- ☐ A home visit has occurred. No non-negotiable violations of Rule 402 standards were evident

Note: If these 3 steps have not occurred, foster parent applicants are not to be referred to pre-service training.

********** CLASS REFERRAL INFORMATION (Check all the boxes that apply) **********

Date of Referral: _____ ☐ Related Family ☐ Unrelated Family

Spanish-speaking: ☐ Yes ☐ No ☐ DCFS ☐ POS Other: _____

☐ PRIDE 27-hour pre-service class ☐ PRIDE 6-hour HMR class ☐ PRIDE DVD/HMR training

1st Choice Training Date: _____ Location/City: _____ County: _____

2nd Choice Training Date: _____ Location/City: _____ County: _____

********** PROSPECTIVE FOSTER PARENT INFORMATION **********

(#1) Name: ☐ Mr. ☐ Mrs. ☐ Ms. Last Name: _____ First Name: _____

Home Address: _____ City & Zip: _____

Home Area Code/Phone #: _____ Cell Area Code/Phone #: _____ Work Area Code/Phone #: _____

E-Mail Address: _____ Social Security # (Required & Kept Confidential): _____

Special Needs: ☐ None ☐ Vision ☐ Hearing Other: _____

(#2) Name: ☐ Mr. ☐ Mrs. ☐ Ms. Last Name: _____ First Name: _____

Home Address: _____ City & Zip: _____

Home Area Code/Phone #: _____ Cell Area Code/Phone #: _____ Work Area Code/Phone #: _____

E-Mail Address: _____ Social Security # (Required & Kept Confidential): _____

Special Needs: ☐ None ☐ Vision ☐ Hearing Other: _____

********** AGENCY/AGENCY WORKER INFORMATION **********

Agency Worker Name: _____ Agency Name: _____

Agency Address: _____ City & Zip _____

Agency Worker Area Code/Phone #: _____ Agency Worker E-Mail Address: _____