



# ARIZONA DEPARTMENT OF CHILD SAFETY DCS THERAPEUTIC FOSTER CARE TRAINING REQUEST FORM

## Agency and Caregiver Information ~ A separate form is required of each caregiver in the home

Licensing Agency Name		Agency Contact Name		
		Agency Contact phone	Agency Contact email address	
Caregiver legal name (no nickname)		Caregiver email address		
Caregiver Contact phone	Caregiver Mailing Address (used to mail training materials)	City	State	Zip

## Identify if the Caregiver is:

- A Licensed Foster Caregiver
- Kinship Foster Caregiver
- Adoptive Caregiver

Explain why the agency is recommending the caregiver take TFC Training

## Has the caregiver completed Foster Parent College?

If yes provide date completed: ..... Date

if no, provide a brief explanation why the caregiver is not required to complete FPC, but recommending to complete TFC:

Please submit the completed form to [LDCaregiverTraining@azdcs.gov](mailto:LDCaregiverTraining@azdcs.gov) .....



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