

# ***FOSTER PARENT TRAINING RECORD***

FOSTER PARENT NAMES: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ LICENSING PERIOD: \_\_\_\_\_

SUBJECT	TRAINER	DATE	HOURS	FOSTER PARENT(S)

(OVER)

# Foster Care Training and Skills Form

FOSTER PARENT NAMES: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ LICENSING #: \_\_\_\_\_

**PLEASE LIST ALL MEDICAL TRAINING COMPLETED: (i.e.: medication administration, CPR, injectables, etc.)**

Name of Training	Training Location	Name of Trainer	Date Training Completed

**PLEASE LIST ALL TRAINING THAT YOU HAVE RECEIVED RELATED TO MEDICAL EQUIPMENT:**

Name of Equipment	Training Location	Name of Trainer	Date Training Completed

*In order for an agency to place an individual who relies on medical equipment to sustain life or monitor a medical condition with a foster care provider, the agency must;*

Ensure that the foster care provider has received the training to operate such equipment as observed and confirmed by a qualified source, **AND** Ensure that the provider **(At least one of the follow items must apply)**

- Is currently caring for an individual who is using the same equipment in the foster home; **OR**
- Has written documentation that the foster care provider has cared for an individual who relied on such equipment within the past six months; **OR**
- Has successfully completed training with the individual being placed with the provider.

**The placing agency is required to obtain a copy of the training skills form from the foster care provider or supervising agency, and must maintain it and any updated information on file for the duration of the placement. The form must be made available to the parents or the primary caregiver and social worker to make an informed placement decision.**