

2019-20 Participant Registration Form

California Community Colleges
Foster and Kinship Care Education Program

Legal Last Name: _____ Legal First Name: _____ Middle Name: _____

Last 4 Numbers of SSN: _ _ _ _ Primary Language/Secondary Language: _____

Address: _____

City: _____ County of Residence: _____ State: _____ Zip: _____

Home Number: _____ Cell Number: _____

E-Mail Address: _____

Preferred Method of Contact (Check One): Home Phone Cell Number Email Address

If you are an Approved Resource Parent or Resource Family Applicant, check appropriate box:

Approved Resource Parent: A Resource Parent who has completed the approval process through either the county or a Foster Family Agency (FFA).

Resource Family Applicant: An individual who has begun the RFA process by submitting an RFA application and/or attending an orientation.

If you are not a Prospective or Approved Resource Parent, check one box below:

Licensed Foster/Adoptive Parent: A state licensed foster parent or adoptive parent who has not converted to RFA.

Foster Family Agency Staff: A person who works for an approved Foster Family Agency.

**Informal Relative/Kinship Care Provider/
Non-Related Extended Family Member:** is not approved as a Resource Parent and has not begun the RFA process (informal caregiver).

**Short Term Residential Therapeutic
Program Staff (Previously Group Home):**
A person who works in a STRTP home (previously Group Home) with foster children or youth.

County Social Services Staff: A person who works for the County Social Services Department, such as a social worker, child protective services, etc.

Other: Any other individual who does not identify with the participant categories listed above.
Please Specify:

County Probation Staff: A person who works for the County Probation Department, such as a probation officer, etc.

Release Statement

This statistical information will be used to keep accurate records of the services provided by the community college Foster and Kinship Care Education Program. This information will assist the college in keeping accurate records of the classes that you take. It will also help the college to keep you informed of upcoming classes and events within the FKCE program at your local community college. Your name, address, phone number and partial social security number will remain confidential. Statistical data may be reported to funding agencies. No unauthorized person will have access to your information.

Signature _____

Date _____

If you would like to be notified of future FKCE classes offered at this college, please check this box:

Yes, add me to your e-mail list for future FKCE class notifications and/or other related events and use my contact information (above) to do so.