

District Allocation and Authorization Form For Foster & Adoptive Parent Training

Foster Parent(s) Information

Name of first Parent Attending Training/Workshop _____ Last 4 digits Social Security Number _____

Name of second Parent Attending Training/Workshop _____ Last 4 digits Social Security Number _____

Mailing Address of Parent(s) _____

Telephone _____

Email address _____

Agency Affiliation, if any _____

Training Information

Description of Training/Workshop being requested: **(*Attach flyer and Registration form)**

Total Registration Cost-Training/Workshop Registration Fees- _____
Registration Fee X Number Attending = Total Registration Cost

Date(s) of Training/Workshop _____

Location of Training/Workshop _____

Organization/Association Hosting the Training/Workshop _____

Telephone Number for Registering _____ Are the Parents Registered? _____

Authorizations

Total Registration Cost from above (fees will be taken from District Allocation account) \$ _____

Check all applicable boxes to indicate approval of reimbursement(s) to above Foster/Adoptive Parents-
**** checking authorizes CWTI to reimburse above parent(s) for these other expenses ****

<input type="checkbox"/> Child Care (one provider)	<input type="checkbox"/> Child Care (more than one provider)
<input type="checkbox"/> Mileage	<input type="checkbox"/> Lodging and Meals

Comments:

 Signature Date
Caseworker/Licensing Worker/Supervisor

 Signature Date
Program Administrator or designee

RETURN COMPLETED FORM TO: AFFT- CWTI/Muskie School
Regular Mail: 45 Commerce Drive, Suite 11, Augusta, ME 04330
Interoffice Mail: Station 11, Augusta
 Lisa Hinckley- 207-626-5202 OR Fax: 207-626-5088