ADULT FOSTER HOME

CAREGIVER TRAINING RECORD

NAME_____

ADDRESS_____

YEAR LICENSED_____ **RELICENSING DATE**_____

DATE MO/YR	# HOURS TRAINING	DESCRIPTION OF TRAINING	SPONSORING GROUP	FAMILY MEMBER ATTENDING	TUITION AMOUNT

TRAINING REQUIREMENT MET? _____YES _____NO _____

Caregiver **Date**

_____

Licensing Worker **Date**

REQUIREMENTS: ***Caregivers with 0-5 years of licensure or experience as an Adult Foster Home Caregiver must complete 12 hours of county social service agency approved training a year. Caregivers with 6 or more years of licensure or experience as an Adult Foster Home Caregiver must complete six hours of training a year.***

EXCEPTIONS: ***Caregivers providing not more than 30 cumulative days of foster care in a 12-month period and caregivers providing foster care eight hours or less a week(Part 9555.6185 Subp. 2 and 3).***