



**PLEASE USE THIS FORM TO OFFICIALLY ENROLL KINSHIP APPLICANTS IN TRADITIONAL OR KINSHIP CONDENSED PRE-SERVICE TRAINING.**

## KINSHIP APPLICANT INFORMATION

Date Training Requested:	_____	County Applicant Resides In:	_____
Kinship Applicant Name (s)	_____	Kinship Coordinator	_____
Other Adults in the Household Name(s) :	_____	Phone Number:	_____
Address :	_____	Email Address:	_____
Traditional TN KEY group requested (Insert Date and Location of Group)	_____	Condensed Kinship group TN KEY group requested (Insert Date and Location of Group)	_____

## INQUIRY DETAILS

Complete the form and email the document to the respective Training Contractor and DCS Foster Parent Training and Contract Manager within **48 business hours** of the requested TN KEY group.

**Indicate any additional information regarding the applicant in the space provided below**

## CONTRACT PROVIDER

Date Assigned to TN KEY group: \_\_\_\_\_

TN KEY Trainer Assigned: \_\_\_\_\_

**Comments:**