

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:

