

VTC Training Account Application Foster/Adoptive Caregiver)

Please complete all fields online and submit form via e-mail, or print the completed form and fax to the DCFS Registration Unit at (217) 557-4349. If you wish to keep a copy of this for your records, you must print the completed form. You will not be able to save this form to your computer.

Once your account has been activated by the Registration Unit, you will receive an e-mail with your training ID and a temporary password. As soon as you receive this e-mail, please log onto the VTC and follow the instructions to reset your password to one of your own choosing.

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	MI:	<input type="text"/>		
First Name Preferred:	<input type="text"/>	Full SSN# (Required & Kept Confidential):	<input type="text"/>				
Spouse Name:	<input type="text"/>	Spouse's Full SSN# (Required & Kept Confidential):	<input type="text"/>				
Home Address:	<input type="text"/>						
City & Zip:	<input type="text"/>						
Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>				
Primary E-Mail:	<input type="text"/>						
Type of Internet Connection?	<input type="checkbox"/> None	<input type="checkbox"/> Network/LAN	<input type="checkbox"/> Dial-up	<input type="checkbox"/> DSL	<input type="checkbox"/> Cable	<input type="checkbox"/> Satellite	<input type="checkbox"/> Other
Type of Foster Caregiver:	<input type="checkbox"/> Related Caregiver						<input type="checkbox"/> Unrelated Caregiver
Provider ID:	<input type="text"/>	License Expiration Date:	<input type="text"/>				
Licensing Rep. Last Name:	<input type="text"/>	Licensing Rep. First Name:	<input type="text"/>				
Licensing Rep. Phone:	<input type="text"/>						
Licensing Agency Name:	<input type="text"/>	Agency Phone:	<input type="text"/>				
Agency Address:	<input type="text"/>	City/State/Zip:	<input type="text"/>				

Please indicate the training name, date, and location you wish to register for below.
Confirmation letters will be sent after registration has been completed.

<input type="text"/>
