Existing SafeCare® Agencies: Request for Additional Staff Training Form

If you are the agency contact identified with the National SafeCare® Training and Research Center (NSTRC) and would like to request that additional staff members from your agency receive SafeCare® Training, please complete this form and submit it to GASafeCare@gsu.edu or via fax at 404-413-1299.

Your Name: ________________________________________________________________

Email Address: ______________________________________________________________

Telephone Number: __________________________________________________________

Agency Name: ________________________________________________________________

1. How many staff members would you like to send to SafeCare® Training? __________

   Please list their names, email addresses, and telephone numbers below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address</th>
<th>Telephone Number</th>
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2. Please send the following additional information for each prospective trainee:
   □ Official college transcript (sent to NSTRC Project Coordinator, Georgia State University, P.O. Box 3995, Atlanta, GA 30302)
   □ Copy of the driver's license
   □ Copy of the DHS cogent background check
   □ Each Home Visitor must read and sign the HV Agreement for SafeCare Training

3. Please provide a brief summary of why you are currently requesting to send additional staff members to training:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
4. On average, how many SafeCare® cases do your certified Home Visitors serve at one time? _________________

5. In the table below, please list each of your current Home Visitors and the number of current clients each of them are currently working with.

<table>
<thead>
<tr>
<th>Home Visitor Name</th>
<th># of Current SafeCare Cases</th>
<th>Region/County Location of Case(s)</th>
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6. Please list the DFCS Region/County with which you have a signed FVS/SafeCare contract or PSSF grant:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

7. If approved for training, do you have at least one family identified for each Home Visitor to begin providing services to immediately after training?  ☐ Yes  ☐ No

Other comments?
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________