

DEPARTMENT FOR COMMUNITY BASED SERVICES
DIVISION OF FAMILY SERVICES

FOSTER/ADOPTIVE PARENT TRAINING DOCUMENTATION
CONTINUATION FORM

THIS FORM MUST BE ATTACHED TO A COMPLETED FAP-TRIS1 FORM.

SOCIAL SECURITY NUMBER: _____	<input type="checkbox"/> 01 Purchase <input type="checkbox"/> 02 Pennyrite <input type="checkbox"/> 03 Green River <input type="checkbox"/> 04 Barren River <input type="checkbox"/> 05 Lincoln Trail <input type="checkbox"/> 06 Lake Cumberland <input type="checkbox"/> 07 KIPDA Salt River <input type="checkbox"/> 08 KIPDA Jefferson	HOURS EARNED: _____	<input type="checkbox"/> 09 Northern Kentucky <input type="checkbox"/> 10 Bluegrass <input type="checkbox"/> 11 Fayette <input type="checkbox"/> 12 Gateway/Buffalo Trace	<input type="checkbox"/> 13 FIVCO <input type="checkbox"/> 14 Big Sandy <input type="checkbox"/> 15 Kentucky River <input type="checkbox"/> 16 Cumberland Valley
FIRST NAME: _____				
MIDDLE: _____				
LAST: _____				

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