



**Hawai`i Department of Human Services**  
***Resource Caregiver Training Verification***

*INSTRUCTIONS: This form is to be completed and signed by a resource caregiver seeking credit for any in-person or alternative trainings if you are unable to obtain a certificate of completion. Complete one form per resource caregiver for each book, video, audio tape, or activity and return it to the licensing worker. The completed form will be placed in the resource caregivers file. Please keep a copy for one's own records.*

Resource Caregiver Information	
Name of Resource Caregiver:	Phone:
Address (number and street, city, state, and ZIP code)	
Email Address:	

Book, Audio, Film or Activity Information	
Title	
Author/presenter/professional	Credit hours

What was the book, tape, or activity about? <i>(Add extra sheets of necessary.)</i>

STATE OF HAWAII  
SOCIAL SERVICES DIVISION  
DEPARTMENT OF HUMAN SERVICES  
CHILD WELFARE SERVICES



--

How does this book, tape, or activity relate to your role as a resource caregiver?

What one new thing did you learn as a result of this book, tape or activity?

What is one thing you would change about the way you foster children as a result of this book, tape or activity?

I hereby verify that I reviewed the book or tape OR attended the activities named above and that I completed this form based upon my personal knowledge of the material obtained .	
Signature:	Date:

<b>To receive training credit, you must mail this form to your licensing worker at the following address:</b>