



Family Child Care Partnerships

FCCP Main Office
109 M. White Smith Hall
Auburn, AL 36849

Toll Free: 1-877-892-FCCP
Fax: 334-844-3734
www.humsci.auburn.edu/fccp

FCCP Training Hours Request for Group Home Provider Assistants

Participating group home providers may apply for training hours to be issued to their assistants for participating in the FCCP program. Training hours will be awarded quarterly to providers and assistants based on signatures on the FCCP Daily Partnership Activity Reports.

In order for our office to properly process the Daily Partnership Activity Reports and award training hours to assistants, we need a record of these assistants on file. Training hours will be entered into our computer system AFTER we receive this application.

Please complete the following information on your Group Home assistant. (If you have more than one assistant, please complete a separate form for each.) MENTOR NOTE: If this is for an assistant with a single family child care home, please write "SINGLE" across the top of this form before submitting it.

Date _____

Participating Provider _____ FCCP ID Number _____

Provider's County _____

Provider's Signature _____

Assistant's Name (printed) _____

Assistant's Signature _____

Mentor's Signature _____

Make note if former Assistant should be removed from database _____

FCCP Office Use Only

Date Code Assigned/entered in system

_____ ID Number

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