 **Only use arrow down/up keys to navigate. Do not use tab key.**

**MDHHS-5853, GROW TRAINING REFERRAL**

Michigan Department of Health and Human Services (MDHHS)

(Revised 10-23)

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| This referral form must be completed and emailed to the appropriate contractor for each individual needing GROW training. This information can be found at [www.fcnp.org/pridegrow-training-schedules](http://www.fcnp.org/pridegrow-training-schedules). Upon receipt of the referral, contractors will contact the client identified on this form to complete the registration process. |

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| --- |
| Training Entered into Child Welfare Licensing Module (CWLM) Date  |
| [ ]  N/A adoption [ ]  N/A no person ID provided |

**SECTION 1 – REFERRAL IDENTIFICATION**

|  |  |  |
| --- | --- | --- |
| Legal Name | Person ID | Phone Number |

|  |  |
| --- | --- |
| Preferred name (Katie, Bob, etc.) | Pronouns (ex. she/her, he/him, they/them, etc.) |

|  |  |
| --- | --- |
| Email Address | Referral Type (choose one)[ ]  Adoption [ ]  Foster [ ]  Kinship |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Address | City | State | Zip Code |

|  |  |  |
| --- | --- | --- |
| Preferred Training County | Preferred Training Month | Date Orientation Completed |

|  |
| --- |
| Preferred Method of Contact [ ]  Email [ ]  Text [ ]  Phone Call |

|  |  |
| --- | --- |
| Adopt/Licensing Worker | Agency |

|  |  |
| --- | --- |
| Worker Phone Number | Worker Email Address |

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| Referring Agency Notes (i.e., the applicant struggles with technology, the applicant is deaf, considering fostering teens, etc.) |

**section 2 – training record – For Regional Resource Team Use Only**

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| Referral Received Date  |

|  |
| --- |
| Client Contacts |

**section 3 – grow session attendance log**

| **Session** | **Completion Date** | **Trainer** |
| --- | --- | --- |
| A. Introduction |  |  |
| B. Child Development |  |  |
| C. Systems, Policies and Advocacy |  |  |
| D. Attachment and Relationships |  |  |
| E. Diversity and Inclusion |  |  |
| F. Toxic Stress, Trauma, and Trauma-Informed Parenting |  |  |
| G. Foster, Adoptive and Kinship Parent Wellbeing |  |  |
| H. Mental Health and Special Needs |  |  |
| I. Conclusion |  |  |
| J. Panel – Adoption |  |  |
| K. Panel – Foster Care |  |  |
| L. Panel – Kinship |  |  |
| M. Prudent Parent |  |  |
| N. Safe Sleep |  |  |
| O. Firearm Safety |  |  |

|  |
| --- |
| Trainer Feedback (include observations about the prospective resource parent(s) and areas where further training is needed) |

|  |  |
| --- | --- |
| [ ]  No comments/concerns | Date returned to referring staff  |

|  |
| --- |
| By signing below I certify that the individual(s) listed above have participated in hours of GROW training. |

|  |  |
| --- | --- |
| Certifying Trainer Signature | Date |

**(Do not type beyond this point)**

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| The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy. |

**End of form**