VTC Account Application (Foster/Adoptive Caregiver)

Please complete all fields online and submit form via e-mail, or print the completed form and fax to the DCFS Registration Unit at (217) 557-4349. If you wish to keep a copy of this for your records, you must print the completed form. You will not be able to save this form to your computer.

Once your account has been activated by the Registration Unit, you will receive an e-mail with your training ID and a temporary password. As soon as you receive this e-mail, please log onto the VTC and follow the instructions to reset your password to one of your own choosing.

Last Name:		First Name		MI:	
First Name Preferred: Full SSN# (Required & Kept Confidential):					
Spouse Name:		Spouse's Full SSN	f (Required & Kept Confidential):		
Home Address:					
City & Zip:		C	ounty		
Home Phone: Cell Phone:					
Primary E-Mail:					
Type of Internet Connection? None Network/LAN Dial-up DSL Cable Satellite Other					
Type of Foster Caregiver: Related Caregiver Unrelated Caregiver					
Provider ID: License Expiration Date:					
Licensing Rep. Last Name: Licensing Rep. First Name:					
Licensing Rep. Phone:					
Licensing Agency Na	ime:	Aç	ency Phone:		
Agency Address:		Cit	y/State/Zip:		
Please indicate the training name, date, and location you wish to register for below. Confirmation letters will be sent after registration has been completed.					