



THIRD THURSDAYS: Foster Care Recordkeeping A-B-C's

Monthly training series for I/DD Adult or Child Foster Care Providers:

DATE	TIME	SITE	MODULE/TOPIC	TRAINER
Oct. 17 ²⁰¹³	6-8pm	Rainbow Adult Living, 16432 SE Stark, Portland	A: Organizing, Recording, Reporting	Robin Wiggin
Nov. 21 ²⁰¹³	6-8pm	Rainbow Adult Living, 16432 SE Stark, Portland	B: Medication Management	Carol Wright
Dec. 19 ²⁰¹³	6-8pm	Rainbow Adult Living, 16432 SE Stark, Portland	C: Tracking Resident Money	Robin Wiggin

TOPICS: Three topics rotate monthly. OK in any order. DD-AFH accredited training hours.

A: Organizing, Recording & Reporting: resident & home record rules, critical abuse reporting, write quality progress notes (SOAP), incident reports, fire drills, staff tracking & 1:1 hours.

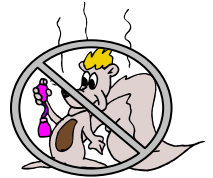
B: Medication Management on MAR's, Dr. orders, Balancing Test, med setup & risks, and rules.

C: Tracking Resident Money on rules, critical tracking, utilizing & planning child or adult foster care residents' money for Room & Board and personal spending by OAR, ISP & "Best Practice".

TIME & DATE: 6:00 to 8:00pm on the **THIRD THURSDAY EVENING** every month!

TO REGISTER: \$10 IN ADVANCE (per module/per person) and...

- ✓ Mail form below with check or money order (no cash) to Region 1 Crisis Office;
- ✓ Expect POSTCARD by mail to confirm registration within 2 weeks of payment;
- ✓ No show or late cancel = No refund/credit;
- ✓ No phone, fax or email registration;
- ✓ NO SCENTS PLEASE (no cologne or aftershave) or risk eviction. Sorry!
- ✓ BRING CONFIRMATION POSTCARD TO CLASS;
- ✓ If class cancels ONLY registered people are notified.



LOCATION: Class sites listed above. Paid registrants will be notified of changes.

QUESTIONS?: Irene Lee 503-988-6396 irene.lee@multco.us or Robin Wiggin 503-988-6387



RECORDKEEPING A-B-C's Third Thursday Series REGISTRATION

REGISTRATION FORM for Third Thursday Foster Care RECORDKEEPING classes:

Class DATE(s) requested (from above choices): A: _____ B: _____ C: _____

Name(s) _____ Phone _____

Mailing address: _____ City _____ Zip _____

Email address: _____ Amount Enclosed: \$ _____

Foster Home? (name of licensed provider): _____ ✓ Child _____ Adult _____

Fee: \$10 per person, per session/module by check or money order to "Region I Crisis Ofc."

Please MAIL this form plus a check or money order (no cash) for fee to:

**Region I Crisis Diversion Office, Attn: Registrar/Irene Lee
421 SW Oak St., Suite #640, Portland, OR 97204**

