

Parent Ally Orientation
Request for Certificate

Name: _____

Phone Number: _____

Email address: _____

I, _____, have watched the Parent Ally Orientation and reviewed the Parent Ally manual. I would like to serve as Parent Ally in a Child in Need of Care case in _____ County, Kansas.

The following codes were displayed during the orientation:

Code #1: _____

Code #2: _____

Code #3: _____

Signature

Date