**Worker Profile Form**

**Profile Type:** Choose an item.

**Start Date with FCCP:** Click here to enter a date.

**First Name:** Click here to enter text. **Last Name:** Click here to enter text.

**RIFIS/FCCP worker title**: Choose an item.

**Specify if DCYF:** Click here to enter text.

**\*\* In order to keep track of RIFIS licenses you will need to indicate if this new employee will be using a RIFIS license formerly assigned to a terminated employee\*\***

**Will this employee be taking over the license of a terminated employee?**

Choose an item.

*If yes, provide first and last name of terminated employee***:** Click here to enter text. *Termination Date***:** Click here to enter a date.

**Information of the Agency Office worker will be located at:**

**Agency Name:** Blackstone Valley Community Action Program

**Address:** Click here to enter text.

**City:** Click here to enter text. **State:** Choose an item.

**Zip code:**Click here to enter text.

**Agency Phone #:** Click here to enter text. **Extension:** Click here to enter text.

**Agency assigned e-mail Address:** Click here to enter text.

**Agency Assigned Cell Number:** Click here to enter text.

**Primary FCCP Supervisor First & Last Name (who will be overseeing records in RIFIS?):** Click here to enter text.

**List any additional Supervisors who will be overseeing the records:** Click here to enter text.

**Language(s):** Choose an item. Choose an item.

Choose an item.

**Hispanic:** Choose an item. **Race:**Choose an item.

*If other, please specify***:** Click here to enter text.

**Education Level:** Choose an item.

*If other, please specify*:Click here to enter text.

**Additional Credentials:** Click here to enter text.

**Specialty Areas:** Click here to enter text.

**Wrap Trained:** Choose an item. **Wrap Certified:** Choose an item.

**Wrap Coach Certified:** Choose an item.

**% Of time in FCCP:** Choose an item.

**\*\* All Fields must be completed by the hiring supervisor before emailing to**

**RIFIS support to set up training.\*\***

**EMAIL TO:** [**RIFIS.support@dcyf.ri.gov**](mailto:RIFIS.support@dcyf.ri.gov)