



WORKER PROFILE FORM

Type:

Date:

First Name:

Last Name:

Will This employee be
using a RIFIS license
used by a former employee?

RIFIS/FCCP Worker Title:

Specify if DCYF:

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

Agency Name:

Address:

City:

State:

Zip Code:

Agency Phone:

Extension:

Agency assigned E-mail Address:

Agency Cell:

FCCP Supervisor 1st & Last Name (who will be overseeing your FCCP
Family records in RIFIS:

Languages:

Hispanic:

Race:

Education Level:

If Other Specify:

Additional Credentials:

Specialty Areas:

% of time in FCCP

Email to: RIFIS.support@dcyf.ri.gov