



“New User” Request Form

First Name		Last Name	
Suffix		Title	
Street		Street 2	
City		State/Zip Code	
Phone/Ext. & Fax #		Cell #	
Website & E-mail address			
Start Date		End Date	
Language(indicate language(s) by circling)			
English	Hebrew	Koshraen	Swahili
Arabic	Hindi (India)	Laotian	Swedish Thai
Cantonese	Hmong	Latvian	Ukrainian
Cebuano	Icelandic	Portuguese	Urdu (Pakistan and India)
Chinese	Farci	Russian	Vietnamese
Chuukese	Italian	Serbian	Yoruba
Flemish	Japanese	Sign Language	Other
French	Khmer (Cambodia)	Slovak	Creole (Cape Verdean)
German	Korean	Spanish	Creole (Haitian)
Hispanic			Circle YES or NO
Race (indicate race) by circling)			
African American	Asian	Other	
Americ an Indian/Alaskan Native	Caucasian/White Native	Declined to Provide	
	Hawaiian/Pacific Islander	Multi-racial	
Education Level (indicate Race by circling)			
8 th Grade or less	Trade School/Vocational Training	College Graduate (4-year program)	
Some High School	Some College	Advance Degree (ie.RN, MA, MS,Phd..)	
High School Graduate/GED	College Graduate (2-year program)	Other (Specify)	
Wrap Certified?			Circle YES or NO
Additional Credentials		Speciality Areas	
% Time of FCCP (indicate 100, 75, 50, 25, 0)			% =
Will this new employee be using a RIFIS license used by a former RIFIS position in the FCCP? If yes, please indicate name of person who previously held the position.			Circle YES or NO
Is this new RIFIS User registered for the RIFIS training through the Child Welfare Institute (CWI)? If no, please give them the most recent training announcement with contact information for registration.			Circle YES or NO