



All Kids Application Agents

As part of our ongoing effort to keep All Kids Application Agents (AKAAs) informed, and because completing a Department sponsored training session is a requirement to become an AKA, All Kids training is scheduled monthly at various locations. Representatives of current AKAAs are encouraged to attend.

AKAA training schedules are below. One session is scheduled for each day listed. The times for each training session vary and seating is limited. Please complete the enclosed Training Confirmation Form and **fax the appropriate liaison**.

If you are unable to attend any of the training sessions and would like to schedule training at your facility please contact your liaison.

Chicago Main Number	312-793-2925
Veronica Archundia	312-793-5270
James Monk	312-793-1088
Sally Becherer	217-557-9315



COOK AND COLLAR COUNTIES
AllKids/ FamilyCare & MPE Training Schedule

<i>October 2006</i>			
Training Date (English)	10/ 06/06 AM	10/20/06 AM	
Number of persons attending:			
Spanish Training Date Adiestramiento en Español	10/27/06 AM		
Número de personas que asistirán			
<i>November 2006</i>			
Training in (English)	11/03/06 AM	11/17/06 AM	11/17/06 PM (MPE Training)
Number of persons attending:			
<i>December 2006</i>			
Training in (English)	12/01/06 AM	12/15/06 AM	
Spanish Training Date Adiestramiento en Español	12/08/06 AM		
Número de personas que asistirán			

Name of Agency/ Organization: _____ Provider Number _____

Contact Person: _____

Telephone# _____ Fax # _____

FAX COMPLETED FORMS TO: 312-793-5278



Northwest, Central and Southern Illinois Agents
 All Kids and FamilyCare Application Agents

October 2, 2006	
Training date: October 2, 2006	Time: 1P - 4P
Location: Memorial Medical Center 701 North First Springfield, IL 62781	Number of people to attend - _____
November 2006	
Training Date: November 2, 2006	Time: 1P - 4P
Location: Morris Hospital 150 West High Street Morris, IL 60450	Number of people to attend - _____
December 2006	
Training date: December 6, 2006	Time: 1P - 4P
Location: Freeport Public Library 100 East Douglas Freeport, IL 61032	Number of people to attend - _____

Provider Number:

Agency/Organization Name:

Contact Person:

Complete Address:

Telephone# (____) _____

Fax# (____) _____

Fax a completed form to :217-557-7165