LIVING WELL for BETTER HEALTH
STATE EMPLOYEE-RETIREE WORKSHOP ENROLLMENT FORM

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAYTIME PHONE NUMBER: _____

E-MAIL ADDRESS: _____

DO YOU NEED SPECIAL ACCOMODATIONS FOR A DISABILITY?

___YES ___NO IF YES, PLEASE SPECIFY: _____

CLASS ID NUMBER: _____

CLASS LOCATION: _____ DATES: _____

I AM A (CHECK ONE) ____ CURRENT STATE EMPLOYEE

____STATE RETIREE (please sign below and return)

____COMMUNITY MEMBER (please sign below and return)

CURRENT STATE EMPLOYEES MUST FILL IN THE INFORMATION BELOW:

TAMS ID NUMBER: A_____

DEPARTMENT : (please check one)

____	Administrative and Financial Services	____	Economic and Community Development
____	Agriculture	____	Education
____	Conservation	____	Environmental Protection
____	Corrections	____	Health and Human Services (DHHS)
____	Defense	____	Inland Fisheries and Wildlife
_____	Labor	____	Transportation
____	Marine Resources	____	Professional and Financial Regulation
____	Public Safety	____	State Planning

IF DHHS EMPLOYEE, INDICATE SERVICE AREA NUMBER: _____

1. Administrative Services (Accounting, Personnel, etc.)
2. Adoption services
3. Adults with Cognitive and Physical Disabilities
4. Adult Mental Health
5. Adult Protective Services
6. Aspire
7. Child Welfare (Child and Family Services)
8. Children's Services Behavioral Health
9. Contracting services
10. Disability Determination
11. Dorothea Dix Psychiatric Center
12. Eligibility Services
14. Licensing and Regulatory Services
15. Maine Care Services
16. Maine CDC & Prevention
17. Public Health Nurses
18. Office of Elder and Adult Services
19. Office of Substance Abuse
20. Riverview Psychiatric Center
21. Support Enforcement

HAS THIS REQUEST FOR TRAINING BEEN APPROVED BY YOUR SUPERVISOR? YES NO

SUPERVISORS NAME: _____ SUPERVISORS PHONE NUMBER: _____

Registrant's Signature: _____

Date: _____

If mailing this form, return to:

Maine Department of Health and Human Services
Staff Education and Training Unit
State House Station 11
Augusta, ME 04330

or FAX: 207-287-9351