



www.supportsolution.org
 supports@supportsolution.org

124 Canal Street
 Lewiston, Maine 04240
 phone: 207.795.0672
 fax: 207.777.1109

56 Industrial Park Road
 Saco, Maine 04072
 phone: 207.294.7458
 fax: 207.294.7437

Innovative Services for Individuals with Intellectual & Mental Health Challenges

Shared Living Provider Training Registration Form

| | |
|--|--|
| Shared Living Provider Information: (for confirmation, reminders or in the event of cancellation) | |
| Name: | Program Number: |
| Home Address: | |
| Home Phone: | Home Email: |
| Please register me for this training: | |
| Training: | |
| Place of Training: | |
| Instructor's Name: | |
| Date(s) of Training: | Time(s): |
| Shared Living Provider Signature: _____ | Date: |
| Authorized Signature: _____ | Date: |
| Confirmation: (For Support Solutions Office Use Only) | |
| <input type="checkbox"/> Yes | You have been registered for this class |
| <input type="checkbox"/> No | Sorry, you have not been registered for this class |

Support Solutions Training Coordinator will contact you to confirm registration