| Program Name: | Recovery & Empowerment Statewide Call | | | | Program Number: | | 14515 |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title: | Living Well on a Shoestring Budget | | | | Date: | | Oct. 24, 2019 |
| Location: | Teleconference | | | | Time: | | 10:00 am – 11:00 am |
| Instructors: | Patricia Lindquist M.Div.,CRSS; David Iole | | | | CEUs Available: | | 1.0 hour |
|  |  | | | | | |  |
| **Name (Please Print)**  **If we cannot read your name, your certificate will be wrong or not sent. Please print legibly!** | | **I have my CRSS**  **(yes/no)** | | **I’m working toward my CRSS**  **(yes/no)** | **I have another credential or license**  **(please list)** | | |
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| **RETURN COMPLETED CERTIFICATES TO (Print Name):** | | |  | | **Phone:** | ( ) | |
| **RETURN COMPLETED CERTIFICATES TO: (Address):** | | |  | | | | |
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| **RETURN COMPLETED CERTIFICATES TO: (Email):** | | |  | | | | |

**AFTER THE CALL, please submit the form:**

Fax: Christal Hamm at (309) 346-2542 OR email at

DHS.DMHRecoveryServices@illinois.gov OR mail to DHS/DMH 200 S. 2nd Street, Suite 20, Pekin, IL 61554

**(Sign-In Sheets received before the Call will not be accepted. If a person’s name is not on the sign-in sheet, the name cannot be read and a phone number is not offered on this form, a certificate will not be issued. If the sign-in sheet is not received within 7 days after the call, the sign-in sheet cannot be accepted.)**