**RECEIPT OF VERIFICATION FOR VIEWING THE INDIVUDAL AND FAMILY V2 VI-SPDAT TRAINING VIDEOS**

By signing below I certify that I have viewed the Individual and family V2 Vi-SPDAT training videos.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Once you have signed and dated this form please print off and email to Amanda Couch at** [**acouch@welcomehouseky.org**](mailto:acouch@welcomehouseky.org)**.**