

LICKING COUNTY
DEPARTMENT OF JOB & FAMILY SERVICES

JOHN D. FISHER, Director

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Video/Book Reporting Form*

Title of Video or Book: _____

Summary of information viewed or read: _____

How will you use this information in your foster parenting experience? _____

SIGNATURE _____ **DATE** _____

*You will receive the viewing time for approved videos and 1 hour for every 100 pages read in a book.