

For information, questions, or help filling out the application contact: **Kate Rosenstein Houston**
Kate@cffo.org
503-236-9754



Advocacy Convening

Mail forms to:
OFYC
PO Box 14914
Portland, OR 97293

Fax forms to:
503-236-3048

Participant Application

Name _____ Gender _____

Address _____ Pronoun(s) _____

City, St, Zip _____ Phone _____

Email _____ Birth date _____

ILP Case Manager _____ Phone _____

DHS Case Manager _____ Phone _____

Foster Parent/Guardian _____ Phone _____

Emergency Contact _____ Phone _____

Doctor _____ Phone _____

Medical Plan _____ Medical Card # _____

Medication yes no Type/Name _____

Dosage _____

Medical Needs Allergy Heart Diabetes Insect bites
 Epilepsy Pregnant Drug reaction Other: _____

Dietary Needs: _____

Any other Needs/
Accommodations: _____
Are you parenting? *Mark this box if you want to bring your child(ren).*

(Please describe your needs on a separate sheet of paper and submit with this application)

My transportation to and from the conference will be provided by: _____

I need help finding a ride to the conference.

I have read the DRAFT Rules & Expectations (attached) _____

Participant Signature

I have attached a copy of my medical card

I grant permission for the youth listed above to attend the OFYC Policy Conference and receive any medical attention that may be required. _____
Guardian Signature (if DHS case is open) Date

I agree to allow Oregon Foster Youth Connection to use video, audio or photos of my youth. _____
Guardian Signature (if DHS case is open) Date

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Rules & Expectations

Draft Rules & Expectations. Please read and initial each item. We will be talking about “**why**” these are important at the event.

_____ 1. I will attend all parts of the planned program. I will inform those in charge if I am not feeling well or need medical attention and cannot attend the scheduled activity.

_____ 2. I will observe established hours and be in the designated areas. I understand that there will be areas where I may not be allowed to go.

_____ 3. I will dress appropriately to the occasion. I will at all times, be courteous and clean, in dress and language, and display good manners. My language will be appropriate and respectful of others.

_____ 4. I will not leave the assigned program area, at any time, without permission of the person in charge of my group or activity. I will stay for the entire duration of the conference.

_____ 5. I will not bring or use alcohol, drugs (except those prescribed by my doctor), fireworks, firearms, pocketknives, or weapons of any kind. If I see anyone breaking this rule I will report it immediately.

_____ 6. I will be responsible for all my personal property.

_____ 7. I will respect other’s personal property and personal space and I will keep my hands to myself.

_____ 8. Shoplifting, theft, or vandalism of public or personal property will not be tolerated. I will not be a part of this kind of activity and will report any such activity that I am aware of.

_____ 9. I will avoid roughness and damage of room furnishings, furniture, equipment, etc. I know that I am responsible for any damage or misconduct.

_____ 10. I know that the conference encourages interaction among all members attending, but not exclusively with one person. I know that kissing and other sexual displays of personal affection or harassment distract from the group and are not appropriate behaviors and I will refrain from them.

_____ 11. If I am underage, I will NOT use tobacco products. If I am of legal age, I will not use tobacco products outside of specified times and locations. I will NOT distribute to minors.

_____ 12. I understand that iPods, cell phones and other electronic devices may not be allowed to be used during some conference activities.

Your participation in the 2019 Advocacy Convening carries the responsibility of representing Oregon youth to the public. You are expected to conduct yourself in a manner that reflects well on your state, county, and yourself. Your contribution to the conference is as important as what you receive from the conference.

I KNOW THAT VIOLATORS MAY EXPECT:

1. To have the opportunity to explain actions to staff and/or a Youth Discipline Panel and participate in disciplinary action.

2. A phone call to ILP staff, foster parent, and/or case manager noting behavior that is disruptive.

3. Being sent home at violator’s expense.

I agree and understand the code of conduct and consequences.

Youth Signature

Date

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Legislation & Questions

OFYC 2019 Legislative Concept

Expanding Independent Living Program (ILP) Services:

*We believe that expanding ILP services to **all eligible youth**, including those coming out of treatment centers and residential facilities, is necessary for the successful transition out of foster care and into adulthood.*

ILP supports youth by providing services that range from supporting education and employment needs and goals, to helping youth navigate the healthcare system.

By expanding ILP, youth who need extra support both in and out of care, and those not already receiving services (but are eligible) can get the support they need.

Question #1: Please tell us why you want to come to OFYC's 2019 Advocacy Convening: Expanding ILP Services. What do you hope to learn? What do you hope to accomplish?

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Questions Continued...

Question #2 (Optional): The following section is optional. By collecting this data, we hope to better represent all youth in our community so that all voices are heard!

Number of years in foster care: _____

Number of foster care placements: _____

Which types of placements have you lived in? (Check all that apply):

- I have lived with biological family members
- I have lived with foster families
- I have lived in group homes
- I have lived in a residential facility
- I have lived with an adopted family

How do you describe your Race/Ethnicity? _____

Do any of the following describe your Race/Ethnicity? (Check all that apply):

- American Indian or Alaskan Native
- Asian / Pacific Islander
- Black or African American
- Hispanic / Latinx
- Middle Eastern / North African
- White / Caucasian

Do you identify as part of the LGBTQIA2-S Community?

- Yes Please describe (optional):

No

Do you identify as having a Disability (mental health, ADD, Autism, learning disability, etc.)?

- Yes Please describe (optional):

No

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Questions Continued...

Question #3: For some participants, conferences like ours can bring up some hard feelings. Self-care is an important tool in your leadership toolkit. Can you please describe a few self-care strategies you could have access to while in Salem? Here are a few examples from other young people: **“1-2-3 breathe in, 1-2-3 breathe out.” Draw, guided meditation apps, or talk to friends or family.** Please let us know how we can support these or other strategies.

Question #5: Is there any additional information we need to know to better assist you during this conference?

Finally... If we are able to give you an OFYC polo (shirt) for this event, what size and cut (Women’s or Unisex) would you prefer?
