For information, questions, or help filling out the application contact: Lisa McMahon Lisa@cffo.org 503-236-9754

OFYC POLICY CONFERENCE Summer 2018

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

Fax forms to: 503-236-3048

Participant Application

Name	Gender	
A d duran		
City, St, Zip	<u> </u>	
Email	Birth date	
ILP Case Manager	Phone	
DHS Case Manager	Phone	
Foster Parent/Guardian	Phone	
Emergency Contact	Phone	
Doctor	Phone	
Medical Plan	Medical Card #	
Dosage		
Medical Needs	☐ Diabetes ☐ Insect bites	
☐ Epilepsy ☐ Pregnan	_	
Dietary Needs:		
Any other Needs / Accommodations: (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.		
$\hfill \square$ I have read the DRAFT Rules & Expectations (
☐ I have attached a copy of my medical card	Participant Signature	
☐ 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

Rules & Expectations. Please read and initial each item.

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.	Your participation in the 2018 Policy Conference carries the responsibility of representing	
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.	Oregon youth to the public. You are expected to conduct yourself in a manner that reflects well on your state, county, and yourself. Your	
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.	contribution to the conference is as important as what you receive from 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. <i>Note: possession or use of marijuana on campus is illegal according to Federal law.</i>	I KNOW THAT VIOLATORS MAY EXPECT:	
6. I will be responsible for all my personal property.	1. To have the opportunity to explain actions to staff and/or	
7. I will respect other's personal property and personal space and I will keep my hands to myself.	a Youth Discipline Panel and participate in disciplinary	
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.	action.2. A phone call to ILP staff,	
9. I will avoid roughness and damage of room furnishings, furniture, equipment, etc. I know that I am responsible for any damage or misconduct.	foster parent, and/or case manager noting behavior that is disruptive.	
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.	3. Being sent home at violator's expense.	
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 are not allowed to be used during workshops or conference activities.		
I agree and understand the		
code of conduct and Youth Signature consequences.	Date	

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Interest Areas & Questions

OFYC 2018 Solution Tracks
[You will be split into three groups to problem solve during the conference]

Quality of foster homes/providers: Legislators, foster parents, and youth have all highlighted a need for "homes of healing". How can we improve screening and inspections? How can youth know that their foster parent is able to support them? How can we be sure youth are in the level of care that meets their needs?

Preventing houselessness: There is a housing crisis in Oregon. What can DHS Child Welfare do to support foster youth find, and move into transitional housing? What opportunities do youth need to practice their transitional living skills?

Supporting youth 18-21 (including preventing human trafficking): What support do you need after you turn 18? How should foster care supports change? Also, there has been federal legislation passed intending to keep foster youth from being trafficked. How should Oregon be implementing this law? How can caseworkers be trained to better support youth who have been trafficked? How can youth feel safe to talk about their experiences?

Question # choice:	1: Which track you would like to problem solve? Rank your 1st and 2nd
Qua	nlity of foster homes/providers venting houselessness oporting youth 18-21 (including preventing human trafficking)
Question #	2: If you could help fix ONE thing about foster care, what would it be?

Question #3: Please tell us why you want to come to OFYC's 2018 Policy Conference. What do you hope to learn? What do you hope to accomplish?		
Question #4 (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		

Do you identify as	s part of the LGBTQIA2-S Community?
□ Yes	Please describe (optional):
□ No	
	s having a Disability (mental health, ADD, Autism, learning
disability, etc.)?	
\square Yes	Please describe (optional):
\square No	
Question #5: Is th you during this co	nere any additional information we need to know to better assist onference?