

Montana Foster Care Youth Advisory Board Application 2015 (Chafee Eligible Foster Care Youth)

Name: _____ County: _____

Date application completed: _____

Female Male Date of Birth: _____

Race: White, Not Hispanic Hispanic Black, Not Hispanic Other
 Asian/Pacific Islander American Indian/Alaskan Bi-Racial, Not Hispanic

Address _____ City _____ Zip Code _____

County of Residence _____ Home Phone _____

Email Address _____ Alternate Phone _____

Are you currently in a foster care placement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name of your foster care provider? _____ If yes, what is the name of your social worker? _____	If you are not in a foster care placement, were you: <input type="checkbox"/> In foster care up to or beyond your 18 th birthday <input type="checkbox"/> Adopted after age 16 <input type="checkbox"/> Had a guardianship established after age 16
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1. What is your current living situation?

Group Home Foster Home Living Independently Other, please specify _____

Name of caregiver if in foster/relative care _____

Email address of caregiver _____ Caregiver phone _____

2. Are you currently enrolled in one of the following?

High School College Trade School GED classes
 High School Diploma /GED Not in school

If in college or trade school Full time (4 classes or more) Part time (less than 4 classes)

Name of college or trade school attending _____

If not in school, do you have a GED? yes no

If no, what are you doing to obtain a GED? _____

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3. Are you currently employed?

Yes No _____ # of hours weekly

4. Do you participate in volunteer community service activities?

Yes No _____ # of hours weekly

If volunteering, where do you volunteer? _____

Please describe your responsibilities _____

5. What is your interest in the YAB?

6. What do you feel are your best qualities to offer to the YAB?

7. Please describe relevant work, school, athletic, hobbies or volunteer activities which have helped you prepare for service on the YAB.

8. One of the expectations of the YAB is to help influence and offer guidance and feedback for transitional services regarding youth in foster care. What are the issues that most interest you?

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9. What are your future goals? What are your interests?

10. YAB meetings occur in different locations within Montana. You may be asked to participate in meetings that require travel outside your county of residence. Do you have reliable transportation or are you able to secure transportation? Yes No
(Chaperones are required for youth under 18 and the costs of transportation will be reimbursed).

Please briefly explain your plans for transportation to YAB meetings and events.

11. Which of the following do you have regular access to?

Phone Email Internet Texting Computer

12. How frequently do you access the above?

Phone: _____

Email: _____

Internet: _____

Texting: _____

Computer: _____

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Youth Statement of Understanding

If selected, I agree to be active in the Montana Foster Care Youth Advisory Board understanding both the expectations and time commitment. I understand that this is an application, not a guarantee of my selection for participation. Those expectations and responsibilities include: attending up to 3-5 meetings per year and speaking engagements across the state, attending monthly conference calls, representing foster youth in a positive and professional manner, and doing my part to advocate for foster youth around the state. I hereby authorize the Montana Youth Advisory Board to release the information on this form and all information regarding the goals and progress of the YAB to Montana Child and Family Services Division.

Youth's Signature _____ Date _____

Youth's Name Printed _____

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Adult Supporter Statement of Understanding (required for youth still under ward ship)

I understand the Montana Youth Advisory Board meets up to 3-5 times per year across the state, primarily on Saturdays and evenings. If the above named applicant is elected, I commit to provide or arrange transportation for meetings held within Montana. If I live more than 50 miles from the meeting location, overnight accommodations will be provided for the night before the meeting. I agree to provide or arrange for appropriate supervision for overnight meetings that are held within the state of Montana. Compensation for mileage will be provided for official YAB meetings in accordance with the State of Montana mileage reimbursement standards.

Adult's Signature _____ Date _____

Adult's Name Printed _____

Recommendation from the youth's Case Worker, CASA/GAL, Service Provider, etc.

Supportive Adult or current member of the Youth Advisory Board (Letters of Reference are also accepted)

Name _____ Agency and/or Program _____

Role in youth's life _____ Phone _____ Email Address _____

Recommendations or Comments

Signature _____ Date _____

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Thank you for your interest in applying for the Montana Foster Care Youth Advisory Board (YAB). In order to be considered you must complete and submit the entire application including the required signatures.

Applicant Checklist

- Signed Youth Statement of Understanding**
- Signed Adult Supporter Statement of Understanding**
- Recommendation from Case Manager, Service Provider, supportive adult or current YAB member**

Send completed application to:

**Montana Chafee Foster Care Independence Program
301 South Park Avenue, PO Box 8005 Helena, MT 59604-
Office: 406-841-2469
Email: jschroeck@mt.gov**

Applications are subject to the approval the Montana Department of Public Health, Child and Family Services Division.