

FAMILY VOICES
of Alabama
Return mail to:
1520 Hallwood Lane
Montgomery, AL 36117

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FAMILY VOICES
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Family-to-Family Health Information Center's



PARTNERS
in Care

Summit 2015

*in collaboration with Children's Rehabilitation Service (CRS)
and the State Implementation Grant
for Children and Youth with Special Health Care Needs (CYSHCN)*

April 13-15

April 13: Youth and Family Leadership Development Workshop

April 14: Family/Professional Workshop

April 15: National Standards for Systems of Care Workshop

Marriott Legends at Capitol Hill, Prattville

SCHEDULE OF EVENTS

Monday, April 13 - Youth and Family Leadership Development

(for youth and family members only; preregistration required)

1:00 - 1:30	Registration
1:30 - 5:30	Sessions by national family leaders Janice Fialka and W.C. Hoecke

Dinner on your own: time to network with old and new friends

Tuesday, April 14 - Family/Professional Workshop

8:00 - 8:30	Exhibitor setup
8:30 - 9:00	Registration/exhibits
9:00 - 9:15	Welcome
9:15 - 10:45	Janice Fialka, "The Dance of Partnership"
11:00 - 12:15	W.C. Hoecke, "Including Dad: A Missing Link to Family Support"
12:15 - 1:30	Presentation/lunch - Dr. Angelique Andrews and Jeronica Frierson, "Becoming a Certified Pediatric Medical Home"
1:45 - 3:00	Micah Fialka-Feldman, "Through the Same Door: A Story of Self-advocacy and Inclusion"
3:15 - 4:30	Meredith Pyle, "Introduction of New National Standards for Systems of Care for Children and Youth with Special Health Care Needs (CYSHCN)"

Wednesday, April 15 - National Standards for Systems of Care for CYSHCN Workshop

8:30 - 9:00	Registration
9:00 - 9:15	Welcome
9:15 - 10:45	Session I, Meredith Pyle, senior program manager, CYSHCN, Association of Maternal and Child Health Programs (AMCHP)
11:00 - 12:00	Session II, Meredith Pyle
12:15 - 1:15	Panel/lunch - Action Learning Collaborative, Alabama state team
1:15 - 2:45	Session III, Meredith Pyle
2:45 - 3:00	Closing

Summit participants will:

- Strengthen networks with other families and care professionals
- Discuss current challenges to developing quality systems of care for CYSHCN and their families in Alabama
- Develop strategies to strengthen partnerships between families and professionals, ultimately leading to improved outcomes for CYSHCN
- Gain skills and learn strategies to enhance leadership within organizations and communities

Online registration: fvalpic-summit.eventbrite.com

SUMMIT REGISTRATION FORM

First name _____ Last name _____

Organization/Agency name _____

Address _____

City _____ State _____ ZIP _____

Telephone _____ E-mail _____

Check all boxes that describe you and your needs.

- I am a parent/guardian/family member of a child/youth with special health care needs (CYSHCN). Continue below. **Include your \$20 registration fee or pay online.**
 - I am a health care professional or service provider to CYSHCN or disabilities. **Include your \$35 registration fee for one day; \$50 for Tuesday and Wednesday.**
 - I'm applying for CRS-sponsored CEU credit for nurse* social worker* CRC
- I will pay by check PayPal

Make checks payable to "Family Voices of Alabama" and mail to:
Family Voices of Alabama, 1520 Hallwood Lane, Montgomery, AL 36117

For youth and family members only (check all boxes that apply)

I will be attending Monday Tuesday Wednesday (check all that apply)

- I will be requesting reimbursement for travel expenses and/or assistance with child care costs while I attend the Summit. *Reimbursement funding is limited. Maximum payment amounts have been set. Call with questions.*
- I will not be staying overnight. I will be driving to the training each day.
- I live outside the conference area and request a scholarship to cover my half of a hotel room because this payment would create a financial hardship for my family. I will attend all sessions the day of and the day following any night paid for by Family Voices. *(Scholarship funding is limited and will be given on a first-come, first-served basis. We are offering only one hotel scholarship per family and planning for two participants per room.)*

I desire a private room. *If you desire a private room for yourself/family, you must pay for half of the cost of the room. Payment of \$71 + registration fees must be received by Family Voices no later than Mar. 30.*

I request to share a room with

First name _____ Last name _____

Phone number _____

- You will be assigned a roommate if you do not specify a preference. -

*Children's Rehabilitation Service is approved as a provider of continuing education in nursing by the Alabama Board of Nursing through April 16, 2017, and a provider of continuing education in social work by the Alabama State Board of Social Work Examiners, Provider #0204.