

Family-to-Family Health Information Center's



A New Vision for Children with Special Health Care Needs and Their Families

in collaboration with Children's Rehabilitation Service (CRS)

April 17 and 18

April 17: Family workshop

April 18: Family/professional workshop

Marriott Legends at Capitol Hill, Prattville

SCHEDULE OF EVENTS

Monday, April 17

12:30 - 1:00	Registration	
1:00 - 1:15	Welcome and introductions	
1:15 - 2:30	Resources for Families - Made in Alabama	
2:30 - 2:45	BREAK	
2:45 - 4:45	Finding Time to Take Care of Yourself	
4:45 - 5:00	Closing and evaluations	

Tuesday, April 18

8:00 - 8:30	Registration and exhibits
8:30 - 8:45	Welcome
8:45 - 10:15	HRSA's New Blueprint for Change for Children and Youth with Special Health Care Needs – History and Development
10:15 - 10:30	BREAK
10:30 - Noon	Bringing the Blueprint to Life at HRSA and in the States
Noon - 12:15	BREAK - Pick up lunch
12:15 - 1:15	Unwinding of the Public Health Emergency and What this Means for Medicaid Recipients
1:15 - 1:30	BREAK
1:30 - 3:00	The Importance of a Focus on Quality of Life for Children and Families
3:00 - 3:15	Closing remarks

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

Hotel accommodations:

A small block of rooms has been reserved by Family Voices for families attending the summit. (See back page.) All other attendees should make their own hotel arrangements.

Online conference registration: fvalpic-summit.eventbrite.com

^{*}Children's Rehabilitation Service is approved as a provider of continuing education in nursing (#ABNP0038) by the Alabama Board of Nursing through March 30, 2025, and a provider of continuing education in social work by the Alabama State Board of Social Work Examiners, Provider #0204. Both social work and nursing CEUs have been applied for.

SUMMIT REGISTRATION FORM (Please print clearly.)

Conference registration also may be completed online at fvalpic-summit.eventbrite.com.

First name	Last name
Check one.	
□ Parent/guardian/family member □ F	Professional Self-advocate
Address	
	State ZIP
Telephone E	E-mail
Check all boxes that describe you and your nee	eds.
,	of a child/youth with special health care needs (CYSHCN). Please clude your \$25 registration fee or pay online.)
☐ I am a health care professional or service registration fee or pay online.)	e provider to CYSHCN or disabilities. (Include your \$40
☐ I'm applying for CRS-sponsored CEU cree	dit for □ nurse* □ social worker*
Please list any special dietary needs:	
I will pay by □ check □ online (Event E	Brite) 🗆 agency purchase order

Make checks payable to "Family Voices of Alabama" and mail to: Family Voices of Alabama, 2633 Spring Lakes Crossing, Opelika AL 36801

The health and safety of conference attendees and their families is important to us. For this reason, we ask that participants who are not feeling well or who are in the household with someone who is sick to please consider taking safety precautions.

By registering for this conference, you consent to your name and/or likeness being used in promotional/informational materials, including photos or video.

HOTEL REGISTRATION FORM

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

I will be attending ☐ Monday, 12:30 p.m. to 5:00 p.m. ☐ Tuesday, 8:00 a.m. to 3:15 p.m.
□ 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 the cost of my hotel room. I will attend all conference sessions. (Scholarship funding is limited and will be given on a first-come, first-served basis. We are offering only one hotel scholarship per family.)
$\hfill\Box$ I would like to share a room with another conference attendee. (Both participants must be registered to attend.)
Roommate's first and last name Roommate's phone number
Please contact Mattisa Moorer at 1-877-771-3862 as soon as possible to reserve your room.

Looking forward to having you join us!



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