

Youth & Young Adult Engagement Advisory Application

Children Services Advisory Council (CSAC) is a committee that provides oversight of children's mental health system planning, coordination, policy development, fiscal development and evaluation of service delivery/functioning. The committee also addresses specialized issues and services for transition age youth and young adults. We are a state collaboration that is working to improve services for children and youth, and are seeking youth to participate in an advisory council to assist in developing tools to improve systems for youth at the local and state level. The group will prioritize and take action toward the things they feel are most important to change/improve. They will have direct access to local program administrators throughout the state and policy makers at the state level. It will be an opportunity to learn from the direct experience of participants as well as from feedback from others around the state, and to create positive change based on that feedback. Members are asked for a six month commitment with the possibility of continuing after six months for those who remain interested. Members commit to monthly meetings (in person or by phone). There may also be some extracurricular work and other follow-up depending on what the group decides to pursue. A stipend will be offered for all attended meetings.

How to Apply:

Applications are accepted at any time. Please fill out this form, front and back, and email or mail to Lara Carranza at lara@youthmoveoregon.com or 960 Broadway Street NE Suite 4 Salem, Oregon 97301. For any questions call Lara at 971-400-0889.

Date: _____

Name: _____

Date of Birth: _____

E-mail: _____

Home Phone number: _____

Cell Phone number: _____

Mailing address: _____

In which services have you been a part of or are familiar with: _____

- Check all: Addictions/Recovery
 Mental Health/Wraparound/EASA
 Juvenile Justice or Adult Corrections
 Education (IEP/504 Plan)
 Foster Care
 Homelessness or housing instability
 Other (Specify) _____

What county do you live in _____

How do you identify? (optional) Ethnicity/Race: _____ Gender: _____

Preferred Pronouns: _____

Preferred method to contact you: Call _____, Text _____, Email _____, Facebook _____

