



Indiana Youth Advisory Board Application

Thank you for your interest in applying for the Indiana 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 Family Case Manager (FCM), Service Provider, supportive adult, or current YAB member.**

Send completed application to:

**Indiana Connected By 25
2625 N. Meridian St. Suite 48
Indianapolis, IN 46208
Office: 317.917.8940 ext. 105
Fax: 317-917.8943
Email: William.lewis@incby25.org**



**Applications are subject to the approval of the YAB members,
Indiana Dept. of Child Services (DCS) and Indiana Connected By 25.**

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Eligibility Worksheet

Please select all that apply.

- I receive ETV funds and will continue receiving funds up to age 23.
- I was adopted at or after age 16 from the child welfare system.
- Age 16-21, I was in foster care for a period of 6 months as a CHINS or adjudicated a delinquent. I had a case plan establishing the need for independent living services.
- Age 16-21, I was formerly in foster care for a minimum of 6 months as a CHINS or adjudicated a delinquent between the ages of 16-18. I returned to my own home and remain a CHINS or adjudicated a delinquent. I had a case plan establishing my need for independent living services.
- Age 16-21, I was formerly in foster care for a minimum of 6 months as a CHINS or adjudicated a delinquent between the ages of 16-18. I was adopted or placed in a guardianship from foster care and received independent living services prior to my case closing.
- Age 18-21, I was formerly in foster care for a minimum of 6 months as a CHINS or adjudicated delinquent between the ages of 16-18 under the supervision of the DCS. I had a case plan establishing my need for independent living services.
- Age 18-21, I meet the eligibility criteria above and was in the custody of another state or were a 'ward of another state'. I believe I will be eligible, through the Interstate Compact Placement of Children, pending verification of wardship and all eligibility criteria from the state of jurisdiction.

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Name: _____ County of Wardship: _____

Date application completed: _____ Region #: _____

Female Male Date of Birth: _____

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

CHINS Probation Voluntary (CHINS or Probation case dismissed and receiving voluntary services)

Address _____ City _____ Zip Code _____

County of Residence _____ Home Phone _____

Email Address _____ Alternate Phone _____

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 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 develop policies regarding youth in foster care. What are the issues that most interest you?

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9. What has been your inspiration for change?

10. YAB meetings occur in different locations within Indiana. You may be asked to participate in meetings that require travel outside your county of residence. Do you have reliable transportation? Yes No

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 Webcam Skype

12. How frequently do you access the above?

Phone: _____

Email: _____

Internet: _____

Texting: _____

Computer: _____

Webcam: _____

Skype: _____

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Youth Statement of Understanding

If selected, I agree to be active in the Indiana 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 9-12 meetings per year and speaking engagements across the state, 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 Indiana Youth Advisory Board to release the information on this form and all information regarding the goals and progress of the YAB to DCS.

Youth's Signature _____ Date _____

Youth's Name Printed _____

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

I understand the Indiana Youth Advisory Board meets up to 9-12 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 Indiana. 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 Indiana. Compensation for mileage will be provided for official YAB meetings in accordance with the CHAFEE Youth Advisory Board Service Standards.

Adult's Signature _____ Date _____

Adult's Name Printed _____

Recommendation from the youth's FCM, CASA/GAL, Service Provider, Supportive Adult or current member of the Youth Advisory Board

Name _____ Agency and/or Program _____

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

Recommendations or Comments

Signature _____ Date _____