

RIAC YOUTH & PARENT REPRESENTATIVE

REGIONAL INTERAGENCY COUNCIL (RIAC)

Date RIAC voted:

Date LRC submitted to RIAC/SIAC Administrators:

Date SIAC Chair appointed:

RIAC Mission: Promoting healthy children across Kentucky: Building collaborative partnerships to promote children’s social and emotional needs where they live, learn, work, and play.

Youth and Parent Representative Expectations:

- Youth Representatives dedicate a few hours a month being a voice for children and youth with or at risk of developing behavioral health needs and other challenges (including a mental health, substance use or co-occurring mental health and substance use disorder).
- Parent Representatives are the voice for families whose child or youth receives or has received services and supports within the System of Care (SOC). A Parent Representative shares their lived experience and perspective about barriers and strengths within the system. A Parent Representative also provides input about both available and needed community resources and helps inform RIAC on matters affecting the families and youth in the community.
- Serve as a voting member on RIAC in monthly two-hour meetings (*currently virtual meetings*) (*NOTE: Youth and Parent Members and their alternates receive a \$50 stipend each time they attend*).
- Serve a term of two years (*NOTE: Youth and Parents may be reappointed to one additional two-year term by the RIAC*).
- Connect with other parent, family, and youth leaders to share their regional experiences and voice with your RIAC.
- Attend the State Interagency Council (SIAC) monthly meetings and SIAC Standing Committee meetings (*currently virtual meetings*) when possible (*NOTE: additional stipend may be available with prior approval by the RIAC*).



APPLICANT INFORMATION

First & Last Name:

Address:

Telephone Number(s):

E-Mail:

Transition-age Youth

Youth between ages of 16 and 25, who has a behavioral health disorder and who is receiving or has received a service from at least one child-serving agency to address mental health, substance use, or co-occurring mental health and substance use disorder before the age of 21.

Current age:

Birth year:

Service provider(s) used to address the challenge(s):

Parent

A parent (biological, adoptive, or relative caregiver with permanent legal custody) who is raising, or has raised a child with mental health or co-occurring mental health and substance use challenges who has been or is a client of at least one service to address these challenges, prior to the age of 21.

Are you the biological, adoptive, or relative caregiver with permanent legal custody?

Yes No

Age of child(ren) that have a mental health or co-occurring mental health and substance use challenge:

Service provider(s) used to address the challenge(s):

Please explain why you would like to be a member of the Regional Interagency Council.

Are you a current or past participant in a group? : Yes No

If Yes, List current or previous council, board, club, meeting, etc. participation. Note if you held a leadership role.

Give an example of one time you shared your opinion with a group.

How will you reach other youth/families in order to represent the voice and needs of youth/families in your region?



PLEASE SELECT YOUR PREFERRED METHOD OF CONTACT:

Text Email Phone Call



CONFIRM & SIGN

Youth Applicant

"I am willing to be identified as an individual who has a behavioral health disorder and who is receiving or has received a service to address mental health, substance use, or co-occurring mental health and substance use disorder."

Parent Applicant

"I am willing to be identified as a parent of a child with a behavioral health need, who is or has been a consumer of system of care services and supports."

By my signature, I confirm that the above information is accurate and reflects my interest and commitment to serve on the Regional Interagency Council. I understand that my application will be shared with the Regional Interagency Council and State Interagency Council. After the RIAC votes on membership, the application will go to the State Interagency Council for official appointment.

Signature:

Date:

Parent or Guardian Signature (if applicant is under 18):

Date:

A completed membership application must be submitted via email, fax or mail to the RIAC Local Resource Coordinator (LRC):