

SPEAKOUT

The Virginia Department of Social Services recognizes that we do better work with the input of those impacted by our policies. We need the voice of youth to make a difference in the way youth are served in the foster care system.

SPEAKOUT is for youth in foster care and alumni who are willing to provide input on foster care regulations, policy, guidance, and practice concerns, while also building advocacy and leadership skills.

The group will ideally consist of 15-20 foster youth from across the state. It is expected that the group will meet several times a year to discuss issues and share ideas with VDSS. During the first two meetings, participants will be making decisions about the structure and format of the group moving forward.

If you have any questions, please email Speakout@dss.virginia.gov or contact Chauncey Strong or Em Parente:

Chauncey Strong, MSW
Youth Development Specialist
Chauncey.strong@dss.virginia.gov
(804) 338-3071

Em Parente
Foster Care & Family Engagement Program Manager
Em.Parente@dss.virginia.gov
(804) 726-7538

* Required

Youth Information

1. Youth First Name *

2. Youth Last Name *

3. Select Region that Holds Custody of Youth *

Mark only one oval.

- Central
- Eastern
- Piedmont
- Western

4. Youth's Gender *

Mark only one oval.

- Female
- Male

5. Youth's Race *

Mark only one oval.

- African-American
- American Indian/Alaskan Native
- Asian (non-Pacific Islander)
- Caucasian/White
- Latino/Hispanic
- Other

6. Youth's Phone Number *

7. Youth's Age *

8. Type of Placement *

Mark only one oval.

- Foster Family Home
- Therapeutic Foster Family Home
- Fostering Futures
- Group Home
- School Dormitory
- Residential Facility
- Independent Living
- Other

9. If other, please specify:

10. Placement Contact Person's First and Last Name *

11. Placement Contact Person's Phone *

12. Name of Youth's Custodial Agency *

13. Family Services Specialist/Social Worker's First and Last Name *

14. Family Services Specialist/Social Worker's
Phone *

15. Family Services Specialist/Social Worker's
Email *

Public Relations Consent

16. SPEAKOUT may use audio or visual recordings for a variety of publicity purposes. I realize that the use of such is strictly voluntary and at my discretion. My decision whether to grant consent or not will not affect services. I have been informed and understand the confidentiality policy and the confidential nature of information and will not hold SPEAKOUT liable for voluntarily or inadvertently disclosing information. *

Mark only one oval.

Yes, I consent to SPEAKOUT using this youth's photo and/or first name for publicity purposes. This may include using quotes or posting group or individual pictures on our website or social media pages.

No, I do not consent to SPEAKOUT using this youth's photo or first name for publicity purposes.

This youth is 18 or older and will provide his/her own consent.

Transportation and Permission to Contact Youth

17. For youth under the age of 18: By typing my name below, I am granting permission for staff to transport (if necessary) this registered youth to and from activities for SPEAKOUT events. I also grant permission for the staff to contact this registered youth after this event through email, phone and/or Facebook. *

Skip to question 18.

Medical Information

In case of emergency, notify:

18. First Name *

19. Last Name *

20. Relationship to Youth *

21. Emergency Contact's Phone *

22. Emergency Contact's Alternate Phone

23. Is youth currently taking any medications? *

Mark only one oval.

Yes

No

24. **By checking the box below, I hereby consent to this youth participating in SPEAKOUT events and certify that all the information on this form is true and correct to the best of my knowledge. If this person is 18 or older, I understand that the young adult will give his/her own consent to participate. By typing my name below, I am acknowledging that I recommend and approve of this youth attending this event and being a part of SPEAKOUT. ***

Check all that apply.

Check box to Certify

25. Title/Relationship to Youth *
