



Family-to-Family Health Information Center's

## **2012 Partners in Care Summit**



*"Together We Can" submitted by A. Jordan of Madison, AL*

**April 16: Family Leadership Development**

**April 17: Family/Professional Workshop**

Marriott Legends at Capitol Hill in Prattville, AL

[www.familyvoicesal.org](http://www.familyvoicesal.org)

877-771-3862 or 251-635-9178

## Schedule of Events

### April 16, Mon. ~ Family Leadership Development

(for family members only, pre-registration required)

1 – 1:30 p.m.	Registration
1:30 – 2:45 p.m.	Leadership Challenge
3:15 – 4:30 p.m.	Finding Your Voice & Telling Your Story
4:45 – 6:00 p.m.	Developing Networks & Working with Policymakers

Dinner on your own: time to network with old and new friends.

### April 17, Tue. ~ Family/Professional Workshop

*Join us for engaging dialog and educational sessions.*

7:30 – 8:30 a.m.	Exhibitor set up
8:30- 9 a.m.	Registration / exhibits
9 - 9:15 a.m.	Welcome
9:15 - 10:30 a.m.	Health Care Legislation that Impacts You
10:45 a.m. – 12 p.m.	What the Affordable Care Act & Other Financing Options Mean to Families
12 – 1:15 p.m.	Medical Home Projects in AL (lunch provided)
1:30 - 2:45 p.m.	Transition to Adult Health Care
2:45 – 3 p.m.	Closing

## Participants in the Summit will:

- Strengthen networks with other families and care professionals
- Discuss current challenges to developing quality systems of care for CYSHCN (child/youth with special health care needs) & 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

Registration fees to attend are low - just \$15 per person for family members of CYSHCN and \$20 for professionals. Pay & register online [or](#) mail with check to "Family Voices of AL."

Funding for this event provided by the Health Resources and Services Administration (HRSA)/Maternal and Child Health Bureau (MCHB)/Division of Services for Children with Special Health Needs (DSCSHN), grant #H84 MC 12901, [AND](#) gold sponsorship of Oxford Health Care.



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# Summit Registration Form



First name \_\_\_\_\_ Last name \_\_\_\_\_  
Organization/Agency name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail \_\_\_\_\_

## Check all boxes that describe you and your needs.

- I am a parent/guardian/family member of a child/youth with special health care needs (provide age of child/youth \_\_\_\_\_). **Include your \$15 registration fee or pay online.**
- I am a health care professional or service provider to child/youth with special health care needs or disabilities. **Include your \$20 registration fee or pay online.**
- I will be applying for CEU credit for  nurse  social worker  CRC
- I will need a certificate of attendance.

To ensure access for all participants, please identify all reasonable accommodations you will require (include any food allergies): \_\_\_\_\_

## For family members only

- 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 live outside the conference area and request a scholarship to cover my half of a hotel room because this payment would create a financial hardship for my family. I will attend all sessions Monday and Tuesday. *Scholarship funding is limited and will be given on a first-come, first-serve basis. We are offering only one hotel scholarship per family and planning for two participants per room.*
- I desire a private room. *If you desire a private room, your payment for half of the cost of the hotel room must be received by Family Voices of Alabama no later than April 2 to hold your private room.*
- I request room sharing with (first name) \_\_\_\_\_  
(last name) \_\_\_\_\_ (phone #) \_\_\_\_\_  
**\*\*\*\*\* You will be assigned a roommate if you do not specify a preference. \*\*\*\*\***

**Completed applications must include the full conference fee.** Make checks payable to "**Family Voices of AL**". Mail to:

**Family Voices of AL at 1520 Hallwood Lane, Montgomery, AL 36117.**

The application deadline is **March 30** if you are a family member asking to stay overnight. All other applications the deadline is **April 9**.

Questions? Please call 1-877-771-3862 or 251-635-9178.

**FAMILY VOICES**  
of Alabama

Return mail to:

1520 Hallwood Lane, Montgomery, AL 36117

Web: [www.familyvoicesal.org](http://www.familyvoicesal.org)



**PARTNERS**  
*in Care*

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Summit 2012