



Family-to-Family Health Information Center's

2013 Partners in Care Summit

Sponsored in collaboration with Children's Rehabilitation Service and the State Implementation Grant for Children and Youth with Special Health Care Needs (CYSHCN).



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

April 8: Youth & Family Leadership Development
April 9: Family/Professional Workshop

Marriott Legends at Capitol Hill in Prattville, AL

www.familyvoicesal.org

877-771-3862 or 251-635-9178

Schedule of Events

April 8, Mon. ~ Youth & Family Leadership Development

(for youth and family members only, pre-registration required)

1 – 1:30 p.m. Registration

1:30 – 5:30 p.m. Training sessions

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

Join us for engaging dialog and educational sessions featuring Dr. Carl Cooley and Mallory Cyr of Got Transition? (the National Health Care Transition Center) and other recognized experts who will be presenting with a focus on transition issues and medical home.

April 9, Tue. ~ Family/Professional Workshop

8:00 – 8:30 a.m. Exhibitor set up

8:30- 9 a.m. Registration / exhibits

9 - 9:15 a.m. Welcome

9:15 a.m. - 12 p.m. Session One and Two

12 – 1:15 p.m. Session Three (lunch provided)

1:30 - 2:45 p.m. Session Four

2:45 – 3 p.m. Closing

Check our website www.familyvoicesal.org to register and for developing details on session topics and speakers.

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 grant #D70MC21936, the State Implementation Grant for Systems of Services for Children and Youth with Special Health Care Needs (CYSHCN).

Summit Registration Form

Online Registration Available ~ www.familyvoicesal.org



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'm applying for CRS sponsored CEU credit for nurse social worker CRC
- I heard about this conference from: _____

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

For youth and 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 Mar. 22.*
- I request room sharing with (first name) _____
(last name) _____ (phone #) _____
******* You will be assigned a roommate if you do not specify a preference. *******

Completed registrations 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 registration deadline is **March 22** if you are a youth and/or family member asking to stay overnight. For all other registrations, the deadline is **April 1**.

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



PARTNERS
in Care

Summit 2013