

PARENT ADVOCACY REQUEST FORM

Dear Parent or Guardian:

The Richland County Care Management Committee on behalf of the Youth and Family Council would like to offer a service to all recipients of Family Centered Services and Supports (FCSS). The service is called parent advocacy.

A parent advocate is a volunteer that will provide support and assistance to families with system navigation, through actively participating in scheduled Individual Family Service Coordination meetings and advocate on behalf of families seeking services from the Richland County Social Services Departments, either in person or via telephone. The advocate will also play an active role in supporting parents in the development of system coordination.

Parent advocates are other parents, many of whom have been in similar situations themselves. **Parent advocates are not professionals and are not an affiliate of any one public agency.** These are parents who understand and want to help.

This is a voluntary program for families that receive assistance through the Care Management Committee. Whether or not a parent/guardian request the involvement of a parent advocate will in no way affect the amount or level of assistance being requested from the Care Management Committee. This is simply a free service that we offer to all parents/guardians.

_____ **Yes I would like the involvement of a parent advocate.** Please sign below and include the requested contact information.

| | |
|------------------------------|---------------------------------|
| _____ | _____ |
| Signature | Date |
| _____ | _____ |
| (Print) Parent/Guardian Name | (Print) Identified Child's Name |

Street Address and Apt# or PO #

| | |
|-------------------|---|
| _____ | _____ |
| City and Zip Code | Preferred Phone # and Contact Time |

_____ **I do not wish to have the assistance of a parent advocate at this time.** A Parent Advocate can be requested in the future through you current team leader. Please sign and date below **ONLY** if you **DO NOT** wish an Advocate at this time.

| | |
|-----------|-------|
| _____ | _____ |
| Signature | Date |

FAX Completed PACKET to: 419-522-4375 or email to: Teresa.alt@jfs.ohio.gov
Or deliver to Teresa Alt Richland County Youth & Family Council
171 Park Avenue East, Mansfield, OH 44902