Unleash Your Potential. Join AMP
“Nothing About Us, Without Us”
Empowering Lives
Partnership of Iowa Foster Care Youth Councils

March 1, 2018
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AMP Program

AMP Vision Statement
Iowa is a state where youth are embraced, supported and valued by their community and become healthy citizens.

AMP Mission Statement
The mission of AMP is to surround youth with supports as they transition to adulthood by using education, mentoring, life-skills instruction, and leadership development.

AMP Motto
“Nothing About Us, Without Us!”

AMP Goals and Objectives
AMP is a youth-driven, statewide group that seeks to unleash the full potential for personal growth among foster, adoptive and kinship children in Iowa. AMP offers leadership opportunities, service learning projects, speaking opportunities, and educational/vocational assistance. AMP also provides the life skills youth need to become self-sufficient, independent adults.

Summarized by the motto, “Nothing about us, without us,” AMP is a youth engagement program. AMP involves young people as advocates for themselves and as a voice for system-level improvements in child welfare laws, policies and practices. When supported through productive partnerships with adults, youth can be authoritative advocates for making foster care more responsive and effective.

Specifically, AMP:
- Will train and empower teens to become advocates for themselves and other youth in the child welfare system through participation on DHS and community committees and the support of bills in legislature
- Will advocate for permanency planning for all council members and help to establish strong adult/youth connections and ties within the community through service learning projects
- Is a youth-driven effort that is here to empower foster care youth. AMP’s goal is to unleash their full potential and empower lives
- Will be a catalyst for foster care youth leadership through statewide representation in the community, courts and legislature
- Will educate legislators, foster parents, human services, juvenile court professionals and the public about foster care and adoption through the creation of training curriculums
- Will educate the public by sharing artwork created by AMP youth, through such exhibits as “Art Spoken”
- Will work with community partners to recruit families to foster or adopt teens, including specialty homes for LGBTQ youth, youth who have experienced juvenile delinquency, and youth approaching age 18, through the sharing of their personal stories
• Will increase the self-esteem of its current members through peer-to-peer support groups and testimonials

• Will connect youth with the Iowa Aftercare Services Network to assist their personal and educational needs. Alumni will be urged to continue to participate in AMP and serve as mentors and leaders for younger council members
Every child in foster care has the same rights belonging inherently to all children.

This Iowa Bill of Rights was developed by youth, with the support of youth advocates and the Department of Human Services. This is intended to be a resource that children and youth in foster care can use to advocate for themselves. All adults in the lives of children and youth in foster care can keep this as a reminder to always uphold these rights and show children and youth the respect they deserve. These rights were identified by youth representatives from Iowa’s Foster Care Youth Council, known as AMP. AMP-Achieving Maximum Potential is a youth driven, statewide advocacy group that seeks to unleash the full potential for personal growth among children and youth experiencing foster, adoptive and kinship care.

Service providers and case managers are encouraged to provide this list to the children and youth in your lives. Because all children and youth are unique, discuss this with them in a manner in which they can understand.

You have the right to be treated with respect.

You have the right to be safe and well cared for.

You have the right to be who you are.

You have the right to lifelong family connections.

You have the right to be fully informed about what is happening to you.

You have the right to be told why you are in the child welfare system.

You have the right to know when court hearings are scheduled and to attend hearings regarding your care.

You have the right to a qualified advocate.

You have the right to adequate health care, including mental health care.

You have the right to a good, stable education.

You have the right to receive skills, knowledge and resources needed to be an independent adult.

You have the right to permanency.

You have the right to seek assistance if these rights aren’t being met.
Responsibilities for Iowa Youth in Care

This document of responsibilities was created by the Iowa Foster Care Youth Council known as AMP-Achieving Maximum Potential. AMP is a youth-driven, statewide group that seeks to unleash the full potential for personal growth among foster, adoptive and kinship children and youth in Iowa. This document is to be shared with all youth in care and should accompany the new Iowa Youth Bill of Rights. These responsibilities are to be used as encouragement to uplift and support youth in their development and successful transition toward becoming independent young adults.

I am responsible for my choices, decisions, actions and behaviors. I understand that I make the biggest difference in my life.

I know I will make mistakes but I hope to learn from them and make positive choices for my life to create a bright future.

I will treat myself and others with respect; I will follow the golden rule and treat others as I wish to be treated.

I promise to make every effort to take the necessary actions not to cause harm to myself or others.

I will do my best to communicate openly with people when I have a problem and try to ask for help when I need it… but please remember I may have trouble asking for help.

I will try to work to the best of my ability in school and achieve the educational goals that I need to be a productive and successful person.

I have the responsibility to ask for help in learning life skills I need for becoming an independent young adult.

I will make an effort to be involved in and cooperate with suggested mental health treatment.

Respectfully, I ask that you do not judge me by my past, instead get to know me for the person I am today.

Family connections are very important to me. I know I am responsible for setting and keeping safe boundaries with my family members.

I am also responsible for making amends for any of my former actions that may have caused someone harm.

I will try to be courageous and speak up when I feel my rights have been violated.
Quality Improvement and Assurance

A quality improvement and assurance system is important to consistently improve services and supports for children and families, and to ensure that we are making the most effective use of our resources. As service interventions evolve, a continuous quality improvement program can make sure that delivered services are relevant and contributing to positive results. Perhaps most importantly, an effective QI process dependent upon the active inclusion and participation of staff at all levels of the agency/system, children, youth, families, and stakeholders throughout the process.

The AMP Program participates in the YSS Quality Assurance Program, whose purpose is to ensure that information obtained from YSS stakeholders (persons served, personnel, others) is continually analyzed and the analysis is integrated into YSS business practice. The YSS Quality Assurance Team members include administrative staff and one representative of each YSS program/service. The team meets at least quarterly to review, program successes, compliance, evaluation, safety and risk management, sustainability, challenges and need for corrective action.

The YSS Quality Assurance Program analyzes information obtained to determine if YSS is:

- Meeting the current needs of the persons served and other stakeholders
- Offering services/products that are relevant to the persons served and other stakeholders
- Identifying potential new opportunities for the growth and development of programs and services
- Complying with all appropriate licensing and accreditation standards and YSS policy

A QA activity used by AMP to improve the quality of the program’s services and improve employee satisfaction and working conditions includes seeking input and feedback from staff when they leave the program. The purpose of the “AMP Exit Survey” is to improve employee job satisfaction and working conditions. Former employees are asked to evaluate both the AMP program and staff and if they are not YSS employees, they are asked for feedback related to their relationship with their hiring agency in relation to the AMP program. The individual is asked what he/she liked most and least about the job and they are asked to rate job components such as orientation, training, support, compensation, work environment, and communication.

Beginning in FY 2014, AMP has entered into a contract with Iowa State University Research Institute for Studies in Education (RISE) to provide consultation, program assessment and analysis of outcome data through use of the "Program and Activity Assessment Tool" (PAAT). The PAAT instrument is specifically designed for youth and adults who support youth-driven learning experience and will assess the developmental opportunities and supports that are provided to youth in the AMP program. It is a self-assessment tool, with input/data sought in each AMP Council from the AMP Facilitator, the AMP Support staff, 2 AMP youth and 2 community members who are aware of/involved with AMP. RISE will provide two summary reports of data results (aggregated and by council) each year, prior to the end of November and the end of May and will include a comparison analysis.
Program Description

Achieving Maximum Potential (AMP) is a youth-driven, statewide group that seeks to unleash the full potential for personal growth among foster and adoptive children and youth in other out-of-home placements, age 13 and up, in Iowa. AMP offers leadership opportunities, service learning projects, speaking opportunities, and educational/vocational assistance. AMP also provides the life skills youth need to become self-sufficient, independent adults.

Summarized by the motto, “Nothing about us, without us,” AMP is a youth engagement program that involves young people as advocates for themselves and as a voice for system-level improvements in child welfare policies and practices. When supported through productive partnerships with adults, youth can be authoritative advocates for making the foster care system more responsive and effective.

The goal of the AMP Program is to help foster and adoptive youth become independent adults who can successfully educate others about the child welfare system and take an active role in making life better for themselves and others in state care.

What do youth do when they participate in the AMP Program?

- Train to become advocates for themselves and others
- Participate in valuable leadership opportunities
- Develop their voices by telling their own stories
- Educate legislators, foster parents, the public, child welfare professionals and juvenile court representatives about foster care and adoption from the youth perspective
- Build youth/adult partnerships in the community that create opportunities for service learning
- Encourage others to open their homes to teens in foster care or wish to adopt
- Provide understanding, support and encouragement to one another
- Gain the life skills necessary to become healthy, independent adults
- Present education/vocational options to assist themselves and others to become successful, productive adults

Instead of one agency facilitating the current fourteen councils across the state and leading statewide foster care youth engagement and public policy efforts, YSS has secured commitments from several other well respected providers who have joined YSS in a collaborative effort. The Partnership of Iowa Foster Care Youth Councils currently includes: American Home Finding Association (Ottumwa Council), Children’s Square (Council Bluffs and Sioux City Councils), Foundation 2 (Cedar Rapids Council), Four Oaks (Waterloo Council), Hillcrest Family Services (Dubuque), Youth Shelter Care of North Central Iowa (Fort Dodge Council), Young House Family Services (Burlington Council) as well as Youth and Shelter Services itself (Ames, Davenport, Marshalltown, Mason City and State Training School/Eldora Councils) and its branch in Des Moines known as Iowa Homeless Youth Centers (Des Moines/DSM Mobile Council).

Through this partnership of nine agencies, collectively AMP will reach more foster care youth and better facilitate local pride and ownership, resource commitment, and adopt a more positive youth development model within the thirteen local AMP Councils. Because the partner agencies already work with youth in foster
families, shelters, group homes, and PAL/Aftercare, this approach is a great advantage to attracting more youth to AMP council meetings and activities. More foster care youth will be trained and empowered to become advocates for themselves and for youth and the collaboration is an enriching youth development partnership for all agencies involved.

AMP has become a coordinated partnership of community-based services and supports that is youth-centered and built on the strengths and resilience of foster care youth and communities. The program supports youth-centered and youth-directed approaches and places extensive emphasis on cultural competency and respect for diversity. AMP youth are offered a comprehensive menu of support, community connections, and leadership opportunities in order for them to “achieve maximum potential.”
AMP - It’s Good for You

Survey reports show that people who are part of a support group report they:

- 70% feel stronger, calmer, and better able to deal with stresses
- Have fewer health issues and a stronger sense of well-being – fewer incidents of headaches, overeating, insomnia, chronic pain, backaches, stomach distress
- Increase their level of hope for the future
- Are encouraged in their confidence that they can make a difference
- Feel less isolated
- Feel more competent and able to make decisions
- Utilize humor and support to keep going
- Feel more like an integral part of the team
- Benefit from the socialization and support
- Step outside of their own issues and be a support to others
AMP/TAHT Manager
Iowa Foster Care Youth Council

SUMMARY/OBJECTIVE
The AMP/TAHT Manager has overall charge of the Partnership, its subcontractors, its budget, grant management, consultants, public relations, and liaison with outside stakeholders. He or she conducts monthly conference calls with council facilitators and quarterly face-to-face meetings of the Partnership. The Manager is responsible for overseeing fundraising; coordination with YSS Grant writer and budget expenditures including approval of Partner Agency billings. Ensures a welcoming environment within Youth Councils for foster care youth with respect for diversity, inclusion, and customer service. The overall goal of the position is to insure that the Youth Councils are youth driven and empower foster care youth to build skills and leadership assets within the community youth development philosophy. Coordinates and implements conferences and retreats, and speaking engagements. In a timely manner, meets the DHS reporting requirements regarding progress, grants deliverables, and outcomes. The Manager promotes community youth development and advocates on behalf of foster care youth and their needs. Ensures that the project complies with all CARF standards.

ESSENTIAL FUNCTIONS
Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

1. Functions as Partnership program planner to include: ensuring project is completed within established time frames and budgetary parameters as set forth in the DHS grant, preparing periodic reports in regard to program progress and outcomes for the Department of Human Services so that established deliverables and outcomes are met, working with the YSS Development Director to seek funding from grant opportunities, advocating with and working with statewide legislators for project, and providing overall vision for the Partnership in collaboration with the Partnership Subcontractors.
2. Trains, and mentors council facilitators and support staff, interns and volunteers to ensure that they maintain a youth driven program and are in compliance with the Department of Human Services guidelines and outcomes and carry out responsibilities in accordance with Partnership Policies and Procedures.
3. Addresses complaints filed by participants and resolves problems.
4. Participates in speaking engagements and advocates on behalf of foster care youth and the Partnership.
5. Works as community liaison with related state-wide community programs including serving on relevant committees, board, and projects.
6. Directly supervises the Ames/Des Moines/Davenport Council Facilitator, the AMP Special Project and Ames Council Assistant and the AMP Mobile Facilitator.
7. Co-plans and implements one state-wide conference. Develops additional councils across the state as funding is available and as needed. Plans staff retreats as needed. Plans Youth Retreats as needed.
8. Works jointly with subcontractors to conduct new member training to include preparing youth for speaking engagements in order for them to represent the program before various audiences and in many different venues. This may also involve mentoring and monitoring of youth during occasional trips or events which they are attending and providing appropriate adult role modeling.
9. Directly supervises the AMP Facilitator at the Eldora STS for delinquent boys.
10. Provides all new member trainings to all councils
11. Oversees national advocacy and promotion of AMP including membership in Foster Youth in Action.
12. Monitors subcontractor ability to meet program requirements and to ensure smooth and efficient statewide program operation.
13. Ensures sensitivity and respect for the cultural, racial, ethnic, and sexual orientation diversity of council participants. Facilitates participant satisfaction surveys, and PAAT Program Assessment Tool with RISE/ISU.

COMMITMENT + COLLABORATION + COMPASSION + INNOVATION + INTEGRITY + “CAN DO” SPIRIT

Nothing about us without us!
14. Will meet annually with the Director of IFAPA to coordinate efforts and connect the Partnership with Peer Liaisons and other IFAPA to coordinate efforts and connect the Partnership with Peer Liaisons and other IFAPA resources and promotional materials.
16. Actively seeks funding from government funders, businesses, and service clubs to continue and expand the work of the Partnership.
17. Responsible for maintaining monthly statistics and quarterly reports for funding bodies and YSS, and establishing Partnership annual goals and objectives. Reports quarterly statistics and utilization review/outcome reports in writing to funders.
18. Responsible for supervising and/or performing all aspects of public relations. To include, but not limited to, website, Facebook page, speaking engagements, press releases, fundraisings, marketing campaigns, maintaining follow-up efforts with community action groups, maintaining personal contact with prominent and legislative leaders.
20. Develop annual legislative agenda with youth voice. Hold AMP Day on the hill and do ongoing legislative advocacy for the youth.
21. Creates a positive image of YSS and Partnership of Iowa Foster Care Youth Council.
22. Ensure AMP is represented on the Quality Improvement Team.
23. Ensures that the Partnership physical office is maintained in good repair and is organized and tidy.
24. Recruits, prepares, and mentors youth to serve on committees, councils and boards, especially those requested by DHS by subcontracting with YPII the Youth Advocacy Team.
25. Oversees and ensures project compliance with YSS policies and procedures, license requirements, and CARF national accreditation standards.
26. Completes all other tasks assigned by the supervisor and annual MBO and Development Plan.
27. Oversee Foster Club All-Star Position within AMP and facilitate this youth’s positive impact in all 16 councils.

COMPETENCIES
- Personal Effectiveness/Credibility
- Flexibility
- Technical Capacity
- Results Driven
- Financial Management
- Time Management
- Collaboration Skills
- Leadership
- Communication Proficiency
- Problem Solving Skills

REQUIRED EDUCATION, KNOWLEDGE, EXPERIENCE
MSW/MA or MS in a social work or related field is required.
Five years of related human services experience is required. Relevant experience must include a strong background in community youth development, and asset building.

PREFERRED EDUCATION, KNOWLEDGE, EXPERIENCE
Experience in the areas of management, fundraising and public relations is highly desirable. Preference will be given to applicants with excellent computer skills.

SUPERVISORY RESPONSIBILITY
AMP Council Facilitators, TAHT/VOCA Specialists, AMP Assistant Coordinator, TAHT Community Educator

POSITION TYPE
This is a full-time, exempt position.

TRAVEL
Travel is required for this position. A valid Iowa driver’s license is required.

COMMITMENT + COLLABORATION + COMPASSION + INNOVATION + INTEGRITY + “CAN DO” SPIRIT
AMP Assistant Coordinator/Ames Council Facilitator
Iowa Foster Care Youth Councils

SUMMARY/OBJECTIVE
The AMP Assistant Coordinator/Council Facilitator is part of the Achieving Maximum Potential (AMP) team serving foster and adoptive children in Iowa. This position works directly under the TAHT/AMP Statewide Coordinator and also holds up to two youth-driven council meetings per month.

ESSENTIAL FUNCTIONS
Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

1. Promotes and ensures that the Ames AMP Council is youth-driven. Teaches skills and creates opportunities for youth engagement and for youth to build leadership ability and community participation and investment. The Ames AMP Council will respect the racial, cultural, sexual orientation, and ethnic diversity of youth in foster care.
2. Implements and adheres to the AMP Policy and Procedures Manual.
3. Links the Ames AMP Youth Council participants with service learning and volunteer opportunities to be of service to the community, other foster care youth, local non-profits. Can use volunteers to assist with this.
4. Prepares for and facilitates up to two AMP Foster Care Youth Council meetings a month in order to meet project objectives. This may include one set meeting location and one variant meeting location selected to reach as many youth as possible/month.
5. Responsible for developing positive relationships with the youth and providing guidance in preparing them for successfully transitioning to life outside the foster care system. Strives to build youth/adult partnerships and engagement.
6. In AMP Council meetings, provides the youth with information and skills for meeting possible needs of education, career assistance, permanency planning, and/or resources that will help them be successful when they age out of the system.
7. Supports and participates in fundraising (Reggie’s Sleep Out) or supply raising events (Suitcase Drive) so that project goals can be achieved.
8. Connects and helps to prepare AMP youth for service on local boards, committees, and task forces.
9. Participates in public speaking engagements and advocates on behalf of participating AMP youth and Foster Care Youth Councils. Helps to prepare youth for speaking engagements. Monitors AMP youth during any speaking engagements or events in which they participate. Keeps their immediate supervisor and the Statewide Coordinator advised of any concerns from trips or events that could place the youth, staff, or agency at legal risk and/or that may have other unwanted consequences.
10. Communicates with DHS social workers, foster parents and other community leaders in order to grow and continues to build the local Foster Care Youth Council. Oversees a participant recruitment program to insure easy access and retention of AMP Council participants. Share meeting agenda 3 days prior to meeting to increase attendance.
11. Will supervise and train other Council Facilitators. As well as provide evaluation input into agency performance evaluations upon request and provide input into the employing agencies evaluations.
12. Maintains all necessary record keeping and reporting functions as required by the project including appearances, speaking engagements, attendance sheets, and data collection for the annual DHS report.
13. Provides appropriate healthy food and beverages for Council meetings and/or secures donated refreshment.
14. Updates local site page on AMP website at least monthly. Implements the local recruitment strategies identified on the Annual Recruitment Plan. Assists other facilitators in updating their page by training them.
15. Participates in monthly AMP Partnership conference calls and quarterly Partnership face-to-face meetings.

COMMITMENT + COLLABORATION + COMPASSION + INNOVATION + INTEGRITY + “CAN DO” SPIRIT

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16. Oversee and update the Partnership of Iowa Foster Care Youth Council Facebook page and all sections of the AMP Website (www.amplowa.org).
17. Monitor/report on AMP compliance/contractual obligations and develop administrative processes /procedures where required by CARF. Attend YSS QI & QA meetings if Statewide Coordinator cannot.
18. Cooperates with program quality assessment and continuous improvement process as determined by the PAAT/ISU – RISE, YPII and YSS/CARF.
20. Work with RTSS Statewide Contract holder in any capacity that promotes youth or recruits homes for youth.
21. Attend AMP Statewide conference and/or Risky Business Conference with your council youth annually.
22. Recruit, support and supervise a Support volunteers, (see Support Volunteer job description in AMP Manual) and provide monthly gift cards up to $50/month, interns, service learnings, and others to assist with program specific needs. Complete evaluations on all.
23. Represent AMP on local and statewide committees such as Dream Seed, Gingerbread Run/Walk, Juvenile Justice, Education Collaborative, CPPC, and YTDM and any DHS requested committees.
24. Maintain and train all AMP paperwork, like applications/releases, council agendas/attendance sheets, training new facilitators on the paperwork process, go to person with forms, creating flyers and updating the Youth Council Manual.
25. Setting up the creation of new DVD’s. Scheduling the location, formatting the agenda, working with the crew and youth and making copies.
26. Assisting Statewide Coordinator in writing new trainings for the Youth Council, making Power Points, create/assemble handouts, present trainings and teach youth to present them. Promote AMP by giving presentations locally/nationally and travel with/without the Statewide Coordinator as a consultant to other states wanting a youth council.
27. Organize and attend all aspects of Variety AMP Camp, manage youth enrollment, including supervision of facilitators and youth present.
28. With the Statewide coordinator, create the annual AMP Legislative Agenda, working from youth and administrative input, as well as national and local foster care trends. Work with Child & Family Policy Center and legislators to promote it.
29. Prepare AMP monthly call and face to face meeting notes.
30. When the Statewide Coordinator is on leave, provides backup and coverage for the Coordinator.

COMPETENCIES

Interpersonal Skills
Reliable/Regular Job Attendance
Customer/Client Focus
Ethical Conduct
Time Management

Collaboration Skills
Communication Proficiency
Flexibility
Organizational Skills
Problem Solving Skills

REQUIRED EDUCATION, KNOWLEDGE, EXPERIENCE
A High School Diploma/equivalent is required.
Experience with computer systems, ability to understand and operate various related software necessary to carry out job functions. Knowledgeable of the child welfare and foster care system in Iowa.

PREFERRED EDUCATION, KNOWLEDGE, EXPERIENCE
Bachelor’s degree in a related field is preferred.
Alumni of foster care or alumni of the child welfare system preferred.

SUPERVISORY RESPONSIBILITY
N/A

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POSITION TYPE
This is a full-time, non-exempt position. Approximately 10 hours/week for Ames Council and 30 hours/week for AMP Assistant Coordinator.

TRAVEL
Some travel may be required for this position. A valid Iowa driver’s license is required.

WORK ENVIRONMENT
The noise level is usually minimal to moderate. Works in well-lighted, climate-controlled environment.

PHYSICAL DEMANDS
Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing duties of the job, the employee is regularly required to stand; walk; may need to sit for extended periods of time; use stairs, as needed; use hands to finger, handle, or feel objects, tools, or controls; reach with hands and arms; talk and hear. Physically move to access all YSS locations. Employee must regularly lift and/or move up to 15 pounds, repeatedly. Specific vision abilities required by the job include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus. While performing the duties of this job, the employee may be exposed to weather conditions prevalent at the time.

VOLUNTEERISM
This position will engage and assist all YSS volunteers (individuals and groups) adhering to volunteer management best practices to ensure meaningful volunteer experiences. This position will maximize the skills and interests of all YSS volunteers to better impact our organization and the youth and families we serve.

OTHER DUTIES
Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice.
AMP Council Facilitator
Iowa Foster Care Youth Council

SUMMARY/OBJECTIVE
The AMP Assistant Coordinator/Council Facilitator is part of the Achieving Maximum Potential (AMP) team serving foster and adoptive children in Iowa. This position works directly under the TAHT/AMP Statewide Coordinator and also holds one youth-driven council meeting per month.

ESSENTIAL FUNCTIONS
Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

1. Promotes and ensures that the AMP Council is youth-driven. Teaches skills and creates opportunities for youth engagement and for youth to build leadership ability and community participation and investment. The AMP Council will respect the racial, cultural, sexual orientation, and ethnic diversity of youth in foster care.
2. Implements all subcontractor requirements of the Partner Agency Memorandum of Agreement and understands and adheres to the AMP Policy and Procedures Manual.
3. Links the AMP Youth Council participants with service learning and volunteer opportunities to be of service to the community, other foster care youth, local non-profits.
4. Prepares for and facilitates ONE AMP Foster Care Youth Council meeting a month in order to meet project objectives. Facilitates at least one youth-driven, community event per year.
5. Responsible for developing positive relationships with the youth and providing guidance in preparing them for successfully transitioning to life outside the foster care system.
6. In AMP Council meetings, provides the youth with information and skills for meeting possible needs of education, career assistance, and/or resources that will help them be successful when they age out of the system.
7. Keep the Statewide AMP Coordinator advised of any concerns with youth that may need additional professional support or guidance.
8. Strives to build youth/adult partnerships and engagement.
9. Supports and participates in fund raising events or grant writing so that project goals can be achieved.
10. Connects and helps to prepare AMP youth for service on local boards, committees, and task forces.
11. Participates in public speaking engagements and advocates on behalf of participating AMP youth and Foster Care Youth Councils. Helps to prepare youth for speaking engagements. Monitors AMP youth during any speaking engagements or events in which they participate. Keeps their immediate supervisor and the Statewide Coordinator advised of any concerns from trips or events that could place the youth, staff, or agency at legal risk and/or that may have other unwanted consequences.
12. Communicates with DHS social workers, foster parents and other community leaders in order to grow and continues to build the local Foster Care Youth Council. Oversees a participant recruitment program to insure easy access and retention of AMP Council participants.
13. Promotes permanency planning for AMP Council participants.
14. Cultivates and maintains professional and courteous relationships with families and others involved with the Youth Council so the reputation/image of the Council remains positive.
15. Maintains all necessary record keeping and reporting functions as required by the project including appearances, speaking engagements, attendance sheets, and data collection. On or before January 5th and July 5th, prepares and submits the bi-annual DHS report on the template provided to AMP Statewide Coordinator.
16. Promotes and recruits new Council members. At least three days prior to each meeting, sends an e-mail reminder and program/meeting announcement to all participants, IFAPA Peer Liaison, foster parents, and group homes and shelters.

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17. Secures the site for Council meetings and helps with transportation arrangements. Attempts to hold meetings at the same location and time as Foster/Adoptive Parent Support Groups.
18. Provides appropriate healthy food and beverages for Council meetings and/or secures donated refreshment items.
19. Distributes marketing materials as provided by Statewide AMP Coordinator. Updates local site page on AMP website at least monthly. Implements the local recruitment strategies identified in the Annual Recruitment Plan.
20. Participates in monthly AMP Partnership conference calls and quarterly Partnership face-to-face meetings.
21. Oversees and updates local Council’s portion of the Partnership of Iowa foster Care Youth Council Facebook page and Local Council’s section of the website.
22. Cooperates with program quality assessment and continuous improvement process as determined by the PAAT / ISU. This is electronically completed twice a year as directed.
23. Conducts and submits participant Satisfaction Surveys and Feedback Surveys at least twice a year. Satisfaction Surveys are submitted to YPIL.
24. Presents information about the council at least annual to the local Foster/Adoptive Parent Support Group, meets twice annually with the IFAPA Peer Liaison to coordinator efforts, meets at least once annually with the local Self-Sufficiency Advocate of the Iowa Aftercare Services Network and invites the SSA to present to AMP Council at least once annually.
25. Attend Risky Business Conference with your council youth annually.
26. Facilitators will regularly check e-mail correspondence and respond within 24 hours (when possible) with questions or opinions.
27. Recruit a Support volunteer, (see Support Volunteer job description in AMP Manual) and provide monthly gift cards up to $25/month.

COMPETENCIES
Interpersonal Skills Communication Proficiency
Customer/Client Focus Collaboration Skills
Ethical Conduct Time Management
Reliable/Regular Job Attendance Flexibility
Problem Solving Skills Organization Skills

REQUIRED EDUCATION, KNOWLEDGE, EXPERIENCE
High School Diploma/GED is required.
Knowledge of the child welfare and foster care system in Iowa is essential. Experience with computer systems, ability to understand and operate various related software necessary to carry out job functions is required.

PREFERRED EDUCATION, KNOWLEDGE, EXPERIENCE
A Bachelor’s degree in a related field is preferred.
Alumni of the foster care or child welfare system is preferred.

SUPERVISORY RESPONSIBILITY
N/A

POSITION TYPE
This is a part-time, non-exempt position.

TRAVEL
Travel is required for this position. A valid Iowa driver’s license is required.

WORK ENVIRONMENT
The noise level is usually minimal to moderate. Works in well-lighted, climate-controlled environment.

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PHYSICAL DEMANDS
Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing duties of the job, the employee is regularly required to stand; walk; may need to sit for extended periods of time; use stairs, as needed; use hands to finger, handle, or feel objects, tools, or controls; reach with hands and arms; talk and hear. Physically move to access all YSS locations. Employee must regularly lift and/or move up to 15 pounds, repeatedly. Specific vision abilities required by the job include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus. While performing the duties of this job, the employee may be exposed to weather conditions prevalent at the time.

VOLUNTEERISM
This position will engage and assist all YSS volunteers (individuals and groups) adhering to volunteer management best practices to ensure meaningful volunteer experiences. This position will maximize the skills and interests of all YSS volunteers to better impact our organization and the youth and families we serve.

OTHER DUTIES
Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice.

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OUR VISION: A world where youth are valued and empowered to stand strong.
OUR MISSION: To create hope and opportunity by putting kids first.

Eldora State Training School AMP Facilitator

SUMMARY/OBJECTIVE
The Eldora STS AMP Facilitator will provide, at minimum, two 90 minute AMP Council meetings/cottage (4 cottages) per month & a weekly council meeting for the students in the honors program, on site for students at the State Training School in Eldora.

The Eldora STS AMP Facilitator will work collaboratively with the Eldora STS Self-Sufficiency Advocate (SSA), the STS staff, the AEA Educators and STS faculty, and others as identified to prepare students for the transition out of the STS and re-entry into the community. The Eldora STS AMP Facilitator will utilize skill building programs focused on independent living and self-responsibility. The AMP Council meetings will be designed to ensure that students learn to engage community resources and can form positive relationships with responsible adults. The Eldora STS AMP Facilitator will attend graduations, staffing’s (as appropriate) and any other STS processes where student accomplishments are recognized. On or before discharge from the STS, the Eldora STS AMP Facilitator will help to connect the student with an AMP program near their local community and provide them with resource materials & the website to local on-line AMP programming.

ESSENTIAL FUNCTIONS
Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

1. Promote and ensure that the AMP Council is student-driven (when appropriate). Teach skills and create opportunities for student engagement and for student to build leadership ability and community participation and investment. The AMP Council will respect the racial, cultural, sexual orientation, and ethnic diversity of student in foster care.
2. Utilize all STS Policy and Procedures as well as knowing the AMP Policy and Procedures Manual.
3. Link the AMP Honor Students to service learning and volunteer opportunities to be of service to the community (when appropriate and approved). Offer service learning for students.
4. Prepare for and facilitates at least two Eldora STS Council meetings a month/cottage and a weekly meeting with the STS Honors Council. Facilitates at least one student-driven, community event per year.
5. Responsible for developing positive relationships with the student and providing guidance in preparing them for successfully transitioning.
6. In AMP Council meetings, provides the student with information and skills for meeting possible needs of education, career assistance, and or resources that will help them be successful when they age out of the system.
7. Keep immediate supervisors and the Statewide AMP Coordinator advised of any concerns with student who may need additional professional support or guidance.
8. Strive to build student/adult partnerships and engagement. Participate in public speaking engagements (AMP Day on the Hill and others when appropriate and approved) and advocate on behalf of participating AMP student. Help prepare student for speaking engagements. Monitor AMP student during any speaking engagements or events in which they participate. Keep their immediate supervisor and the Statewide Coordinator advised of any concerns from trips or events that could place the student, staff, or agency at legal risk and/or that may have other unwanted consequences.
9. Maintain all necessary record keeping and reporting functions as required by the project including appearances, speaking engagements, attendance sheets, and data collection. Annually on or before January 5th and July 5th, prepare and submit the bi-annual DHS report on the template provided to AMP Statewide Coordinator.
10. Arrange healthy food and beverages for Council meetings and/or secures donated refreshment items when needed.
11. Participate in monthly AMP Partnership conference calls and quarterly Partnership face-to-face meetings.

COMMITMENT + COLLABORATION + COMPASSION + INNOVATION + INTEGRITY + "CAN DO" SPIRIT

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12. Oversee and update the Eldora STS portion of the AMP Website.
13. Cooperate with program quality assessment and continuous improvement process as determined by the Partnership. Participate and coordinate with the PAAT assessment tool administered electronically by ISU bi-annually.
14. Conduct and submit participant Satisfaction Surveys twice a year.
15. Check e-mail correspondence and respond within 24 hours (when possible) with questions or opinions.
16. Recruit a Support volunteer, (see Support Volunteer job description in AMP Manual) and provide monthly gift cards up to $50/month.
17. Attend any youth transition meetings as appropriate for students.
18. Attend and complete any STS and/or AMP required trainings for employment, including orientation, and their two week, all-staff certification process.
19. Keep all certifications and licenses current.

COMPETENCIES
- Personal Effectiveness/Credibility
- Technical Capacity
- Collaboration Skills
- Communication Proficiency
- Organizational Skills
- Customer/Client Focus
- Ethical Conduct
- Flexibility
- Interpersonal Skills
- Time Management

REQUIRED EDUCATION, KNOWLEDGE, EXPERIENCE
Bachelor’s degree in social work, criminal justice, education, or related field.
Two years of experience in human services, teaching, or juvenile court work with high risk youth or young adults.

SUPERVISORY RESPONSIBILITY
N/A

POSITION TYPE
This is a full-time, non-exempt position.

TRAVEL
Some travel may be required for this position. A valid Iowa driver’s license is required.

WORK ENVIRONMENT
The noise level is usually minimal to moderate. Works in well-lighted, climate-controlled environment.

PHYSICAL DEMANDS
Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing duties of the job, the employee is regularly required to stand; walk; may need to sit for extended periods of time; use stairs, as needed; use hands to finger, handle, or feel objects, tools, or controls; reach with hands and arms; talk and hear. Physically move to access all YSS locations. Employee must regularly lift and/or move up to 15 pounds, repeatedly. Specific vision abilities required by the job include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus. While performing the duties of this job, the employee may be exposed to weather conditions prevalent at the time.

VOLUNTEERISM
This position will engage and assist all YSS volunteers (individuals and groups) adhering to volunteer management best practices to ensure meaningful volunteer experiences. This position will maximize the skills and interests of all YSS volunteers to better impact our organization and the youth and families we serve.

OTHER DUTIES

COMMITMENT + COLLABORATION + COMPASSION + INNOVATION + INTEGRITY + “CAN DO” SPIRIT

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Des Moines/Mobile AMP Facilitator
Iowa Foster Care Youth Council

SUMMARY/OBJECTIVE
The Des Moines & Mobile AMP Facilitator will minimally host 10 AMP meetings per month in and around the Des Moines area. This position will make contact with the agencies listed below and any other agencies where foster youth are locally housed. This position will build a relationship with the institution/agency and offer to bring an AMP meeting to them during a convenient time for said agency. The Des Moines & Mobile AMP Facilitator will attempt to also recruit youth within foster homes to fill the two DM AMP meetings regularly scheduled for the 1st and 3rd Tuesday evenings/month.

The sites we currently have councils are:
1. Woodward
2. Orchard Place
3. Polk County Detention
4. Youth Homes of Mid America
5. Plus 2 different sites for Des Moines AMP meetings: Lutheran Church of Hope & DHS River Place

ESSENTIAL FUNCTIONS
Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

1. Promotes and ensures that the AMP Council is youth-driven. Teaches skills and creates opportunities for youth engagement and for youth to build leadership ability and community participation and investment. The AMP Council will respect the racial, cultural, sexual orientation, and ethnic diversity of youth in foster care.
2. Adheres to the AMP Policy and Procedures Manual. Completes all monthly paperwork and reimbursement forms and gets these to supervisor.
3. Prepares for and facilitates up to ten AMP Foster Care Youth Council meetings a month in order to meet project objectives. These meetings will take place at various central Iowa residential / treatment / shelter facilities.
4. Responsible for developing positive relationships with the youth and providing guidance in preparing them for successfully transitioning to life outside the foster care system. This includes connecting them with system resources available to them upon exiting the child welfare system.
5. In AMP Council meetings, provides the youth with information and skills for meeting possible needs of education, career assistance, and/or resources that will help them be successful when they age out of the system.
6. Keep the Statewide AMP Coordinator advised of any concerns with youth that may need additional professional support or guidance.
7. Participates in public speaking engagements and advocates on behalf of participating AMP youth and Foster Care Youth Councils. Helps to prepare youth for speaking engagements. Monitors AMP youth during any speaking engagements or events in which they participate. Keeps the Statewide Coordinator advised of any concerns from trips or events that could place the youth, staff, or agency at legal risk and/or that may have other unwanted consequences.
8. Communicates with DHS social workers, foster parents and community leaders in order to grow and continues to build the local Foster Care Youth Council.
9. Promotes permanency planning for AMP Council participants.
10. Maintains all necessary record keeping and reporting functions as required by the project including appearances, gift cards & honorariums, speaking engagements, attendance sheets, and data collection.

COMMITMENT + COLLABORATION + COMPASSION + INNOVATION + INTEGRITY + “CAN DO” SPIRIT

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11. At least three days prior to each meeting, sends an e-mail reminder and program/meeting announcement to all participants, foster parents, and group homes and shelters.
12. Secures the site for Council meetings. Provides appropriate healthy food and beverages for Council meetings and/or secures donated refreshment items.
13. Distributes marketing materials as provided by Statewide AMP Coordinator. Updates local site page on AMP website at least monthly. Implements the local recruitment strategies identified on the Annual Recruitment Plan.
15. Oversees and updates Local Council’s portion of the Partnership of Iowa foster Care Youth Council Facebook page and Local Council’s section of the website.
16. Cooperates with program quality assessment and continuous improvement process as determined by the Partnership (PAAT).
17. Conducts and submits participant Satisfaction Surveys and Feedback Surveys at least twice a year. Satisfaction Surveys are submitted to YPII.
18. Attend AMP annual youth conference an Iowa community college with your council youth.
19. Check e-mail correspondence and respond within 24 hours (when possible) with questions or opinions.
20. Care for and secure the YSS electronics and use them for the advancement of AMP youth education and training needs.
21. Recruit a Support volunteer, (see Support Volunteer job description in AMP Manual) and provide monthly gift cards up to $50/month.
22. Monthly report of accounting and data as required by YSS and DHS contract
23. Develop positive relationships with youth in the community and recruit them to attend AMP council meetings

COMPETENCIES
Flexibility
Reliable/Regular Job Attendance
Technical Capacity
Personal Effectiveness/Credibility
Communication Proficiency
Presentation Skills
Collaboration Skills
Organizational Skills
Customer/Client Focus
Interpersonal Skills

REQUIRED EDUCATION, KNOWLEDGE, EXPERIENCE
High school diploma or GED required.
Experience with the child welfare system, juvenile court system, Iowa’s mental health system, foster care and/or adoption, parenting and/or related fields is required.

PREFERRED EDUCATION, KNOWLEDGE, EXPERIENCE
A Bachelor’s degree in a related field is preferred.

SUPERVISORY RESPONSIBILITY
N/A

POSITION TYPE
This is a part-time, non-exempt position.

TRAVEL
Travel is required for this position. A valid Iowa driver’s license is required.

WORK ENVIRONMENT
The noise level is usually minimal to moderate. Works in well-lighted, climate-controlled environment.

PHYSICAL DEMANDS
Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

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While performing duties of the job, the employee is regularly required to stand; walk; may need to sit for extended periods of time; use stairs, as needed; use hands to finger, handle, or feel objects, tools, or controls; reach with hands and arms; talk and hear. Physically move to access all YSS locations. Employee must regularly lift and/or move up to 15 pounds, repeatedly. Specific vision abilities required by the job include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus. While performing the duties of this job, the employee may be exposed to weather conditions prevalent at the time.

VOLUNTEERISM
This position will engage and assist all YSS volunteers (individuals and groups) adhering to volunteer management best practices to ensure meaningful volunteer experiences. This position will maximize the skills and interests of all YSS volunteers to better impact our organization and the youth and families we serve.

OTHER DUTIES
Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice.

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AMP Camp & Conference Lead

SUMMARY/OBJECTIVE
The Lead will organize, schedule and execute special youth gatherings with assistance from AMP staff and local facilitators. This position will also supervise mentors at youth camps/conferences, lead camp/conference activities, arrange transportation to youth activities and coordinate duties with other YSS camp/conference staff and camp/conference ground directors. The AMP Lead will provide a safe and healthy environment, both physically and mentally, for mentors at camps and/or conferences. The Lead will assist AMP mentors in solving problematic situations at camps/conferences and assuring they have a positive experience. Additionally, The Lead will set up educational/leadership conferences at various locations across Iowa in an attempt to reach youth; get youth on a college campus and break down barriers youth have to attending college.

The gatherings include:
1. annual conference
2. 8-day Variety AMP Camp
3. 5 mini-camps (1 per DHS service area)
4. 5 mini-conferences (1 per DHS service area)

ESSENTIAL FUNCTIONS
Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

1. Plan daily activities that will occur at AMP camps/conferences
2. Make contact and secure speakers for the event.
3. Secure the needed materials for the activities during camps/conferences
4. Complete a daily schedule for camps/conferences
5. Oversees mentors and staff and troubleshoots issues that arise during camps/conferences
6. Educate mentors, volunteers and camps/conferences staff on their roles and responsibilities during the camps/conferences
7. Promotes and ensures that AMP Camps/conferences are youth-driven. Teaches skills and creates opportunities for youth engagement and for youth to build leadership abilities, community participation and investment in AMP. The AMP Camps/conferences staff will respect the racial, cultural, sexual orientation, and ethnic diversity of youth in care.
9. Links the youth attenders and mentors at camps/conferences with opportunities to be of service to the community, other foster care youth and local non-profits.
10. Prepares for and shares knowledge of the child welfare system/juvenile justice system and/or activities related to the camps/conferences experience (archery, nature walks, arts & crafts, social skills, horseback riding, sports, water activities, cooking and creating poetry). Our goal is to empower youth to return to their local AMP Councils and teach others what they have learned.
11. Responsible for developing positive relationships with the youth and providing guidance in preparing them for successful transitions to life outside the child welfare system/juvenile justice system. This includes connecting them with resources available to them upon exiting care.
12. Keep the Statewide AMP Coordinator advised of any concerns with youth that may need additional professional support or guidance.
13. Strives to build youth/adult partnerships and engagement.
14. Promotes permanency planning for AMP camp/conference attenders.
15. Cultivates and maintains professional and courteous relationships with families and others involved with the Youth Council so the reputation/image of the Council remains positive.

COMMITMENT + COLLABORATION + COMPASSION + INNOVATION + INTEGRITY + “CAN DO” SPIRIT

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16. Cooperates with program quality assessment and evaluation each attender that attends AMP Camps/conferences.
17. Secure all mentor/camps/conferences electronics (cell phone, tablets, iPods etc.) until camps/conferences is finished as they are not allowed during AMP Camps/conferences. This lack of electronics will promote youth engagement and learning while the mentors/participants attend camps/conferences.

**COMPETENCIES**
- Reliable/Regular Job Attendance
- Customer/Client Focus
- Problem Solving Skills
- Flexibility
- Time Management
- Personal Effectiveness/Credibility
- Interpersonal Skills
- Organizational Skills
- Collaboration Skills
- Communication Proficiency

**REQUIRED EDUCATION, KNOWLEDGE, EXPERIENCE**
A High School Diploma/equivalent is required.
Experience with the child welfare system as a social worker, foster parent or related area is required.

**SUPERVISORY RESPONSIBILITY**
N/A

**POSITION TYPE**
This is a part-time, non-exempt position. Up to 15 hours per week (not including camp).

**TRAVEL**
Some travel may be required for this position. A valid Iowa driver’s license is required.

**WORK ENVIRONMENT**
The noise level is usually minimal to moderate. Works in well-lighted, climate-controlled environment.

**PHYSICAL DEMANDS**
Reasonable accommodations may be made to enable individuals with disabilities to perform the physical demands.

While performing duties of the job, the employee is regularly required to stand; walk; may need to sit for extended periods of time; use stairs, as needed; use hands to finger, handle, or feel objects, tools, or controls; reach with hands and arms; talk and hear. Physically move to access all YSS locations. Employee must regularly lift and/or move up to 15 pounds, repeatedly. Specific vision abilities required by the job include close vision, distance vision, color vision, peripheral vision, depth perception and the ability to adjust focus. While performing the duties of this job, the employee may be exposed to weather conditions prevalent at the time.

**VOLUNTEERISM**
This position will engage and assist all YSS volunteers (individuals and groups) adhering to volunteer management best practices to ensure meaningful volunteer experiences. This position will maximize the skills and interests of all YSS volunteers to better impact our organization and the youth and families we serve.

**OTHER DUTIES**
Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice.

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AMP Councils

Purpose Statement

AMP serves youth ages 13 - 20 who are residing or have resided in foster care (foster family, shelter or residential treatment), relative care or have been adopted. In order to be served by the AMP Program, a youth must be a resident of the state of Iowa, as the program is funded by state of Iowa dollars, with supplemental funding provided by local and county governments, Iowa individuals, programs and organizations. While a non-Iowa resident youth cannot be an AMP member, he or she can be involved in AMP as a volunteer and he/she may still participate in AMP through access to the AMP website and the AMP Facebook account.

AMP is a youth-driven, statewide group that seeks to unleash the full potential for personal growth among foster and adoptive children in Iowa. AMP offers leadership opportunities, service learning projects, speaking opportunities, and educational/vocational assistance. AMP also provides the life skills youth need to become self-sufficient, independent adults.

Summarized by the motto, “Nothing about us, without us,” AMP is a youth engagement program. AMP involves young people as advocates for themselves and as a voice for system-level improvements in child welfare policies and practices. When supported through productive partnerships with adults, youth can be authoritative advocates for making foster care more responsive and effective.

What do AMP Youth Do?

- Train to become advocates for themselves and others.
- Participate in valuable leadership opportunities.
- Develop their voices by telling their own stories.
- Educate legislators, foster parents, the public, child welfare professionals and juvenile court representatives about foster care and adoption from the youth perspective.
- Build youth/adult partnerships in the community that create opportunities for service learning.
- Encourage others to open their homes to teens in foster care or wish to adopt.
- Provide understanding, support and encouragement to one another.
- Gain the life skills necessary to become healthy, independent adults.
- Present education/vocational options to assist themselves and others to become successful, productive adults.
Suggested Standards for Council Facilitators

- **Always** maintain professionalism
- Return phone calls within 24 business hours to everyone
- Check e-mail at least on weekdays
- Reply to e-mails in a prompt manner
- Emergencies will be sent to facilitators via text message with the expectation of a rapid response (no more than 6 hours)
- Prepare for and provide two Council meetings per month
- Prepare an agenda for each meeting. Send it to AMP youth, social workers, IFAPA Liaisons, transition workers, aftercare workers, group care/residential facilities and the AMP/TAHT Manager one week before the meeting is to take place
- Arrive 30 minutes prior to meeting to set up for meeting
- Establish a routine schedule for meetings including doing “Highs and Lows” at the beginning of each meeting
- Schedule speakers for a minimum of every other month
- Utilize AMP members in leadership roles during each meeting
- Communicate with AMP/TAHT Manager any problems, concerns or questions with the group
- Wear appropriate speaking event attire (orange, white, black or gray AMP t-shirt and khakis pants/shorts, capri’s or skirt for girls) and be timely to all events. **Supervise AMP youth to insure they follow AMP’s dress code**
- Allow youth to speak in public only after completion of New Member Training and signed AMP release form
- Council Facilitators must accompany their youth on speaking engagements, prepare them for the venue and explain the expectations of the event. Facilitators may say “no” to speaking engagement requests that do not support the focus of AMP
- Communicate regularly with social workers, foster parents and other community leaders in order to grow and continue to build your AMP council
- Establish and maintain professional and courteous relationships with families, YSS and all others involved with AMP so the reputation/image of the AMP program remains positive.
- Maintain all necessary record keeping and reporting functions as required including:
  - Applications and consent forms for each AMP youth
  - Record of speaking events/gift cards
  - Attendance sheets
  - Time sheets/expense sheets
- Enter council data online for the annual DHS report for your Council (YPII excel sheets and survey monkey sites...YPII writes the report with all councils data)
- Give Council members DHS satisfaction surveys once per year
- PAAT online Surveys are done once a year (ISU – RISE)
- Supervise your AMP Council members on trips and speaking events
- Be a positive role model. Always remember that wherever you are representing AMP, the youth are learning from the example you set
- **NO** drinking of alcohol at any time while on AMP trips or any event in which AMP youth are also attending
- Council Facilitators may delegate duties to support people
Facilitators and support people must be licensed as a foster parent/foster home in good standing and have the approval of the AMP/TAHT Manager in order to offer a bed or a home to a youth under the age of 21

- Follow safety protocol at all times

Council Facilitators are responsible for all AMP youth under their care. When it comes to matters of safety, the Council Facilitators will take NO risks. Please consult AMP/TAHT Manager when in doubt.

AMP New Council Formation Guidelines

AMP is a youth-driven council that serves as the collective voice for foster care youth in Iowa. Each local council is made up of participants ages 13-20, who empower themselves and inspire other system involved youth to achieve their full potential. AMP instills a sense of belonging and hope, as well as permanency.

Those involved with AMP on a state, legislative and local level will become more knowledgeable of the life connection needs of foster and adoptive teens through their personal testimonies of survival and resilience. Additionally, resources and educational opportunities are provided for youth to help them successfully transition into adulthood and connect with the Iowa Aftercare Services Network. The overall goal is to assist participants to develop their voices as advocates for themselves and others.

The Partnership of Iowa Foster Care Youth Councils is a unique collaboration funded by the Iowa Department of Human Services and resulting in this youth voice called AMP. AMP's mission is to work with system involved young people across the state. Although it may not be feasible to meet in all counties, all counties will have a voice through AMP.

The Partnership welcomes discussion with communities when a new AMP Council is desired to serve a particular city, county or counties; the discussions can be informal and can occur at any time. AMP may also generate a community discussion of forming a new AMP council, based on a significant numbers of foster/adoptive placements age 13 – 20 in a particular area of the state. The community discussion must be arranged through the AMP/TAHT Manager.

A new council may be an extension of an existing council if the expenses of the new council can be covered through the existing council’s budget and community donations. This conversation must be held with the AMP/TAHT Manager.

When a new council discussion is desired, AMP administrative staff will seek from the Iowa Department of Human Services (DHS) the following information to determine if an AMP Council is feasible for the particular city, county or counties:

- The “number” of foster/adoptive youth age 13- 21 that reside in the particular area of the state
- Number of group care facilities, shelters and foster homes in the area

Based on the information received from DHS, if it is determined with DHS that a new council is feasible in a particular area of the state, if a community child welfare agency is not the entity that requested an AMP Council be started, the Partnership will contact a child welfare agency serving that area, as the local connection to the community/area and possible sub-contractor for the AMP Council. In addition to knowing the need for AMP services and community support for an AMP Council, the local agency will also be aware of...
local/area funding that might be available to support the council, from such sources as Decat, United Way, Community Partnership for Protecting Children, Judges, service groups, businesses and business leaders.

If the local child welfare agency is interested in working with the Partnership to develop an AMP Council, a meeting will be scheduled with local DHS, the agency and interested community members to review the following:

- Mission and Vision of AMP
- Philosophy of AMP
- Expectations of an AMP Council
- Guidance for perspective communities
- Start-up funds, including DHS budget requirements

Following the initial community planning meeting, if community members and the identified child welfare agency are interested in developing an AMP Council, the following information/proposal will be provided in written format to the AMP/TAHT Manager for consideration of approval:

- Community/communities/county to be served by council
- Description of support/collaboration/partnership with local/area DHS staff
- Identified sub-contracting agency and community partners
- AMP Council meeting place(s) and frequency of meetings
- Member referral base e.g. foster, adopt, group care, shelter care, relative care
- Member recruitment strategies
- Identify possible barriers for foster care/adopt youth’s participation in council and strategies to address barriers
- Community support available to AMP Facilitator

The AMP/TAHT Manager will review the AMP Council Proposal and contact the community members with any questions or concerns. When the complete information is available to the Manager, she/he will share the information with DHS to reach a decision regarding whether a new council will be approved or not. If the council is approved, the Manager will develop and submit a Memorandum of Understanding to the Partner Agency for approval and signature.

The new AMP Council will be responsible for hiring the local council facilitator, who can give a minimum of one year commitment, and locate a facility (or facilities) in which to hold AMP meetings. As well, the Council Facilitator and designated Partner Agency representatives will arrange an “AMP Kick-off” event, working with funds available through AMP and the community.

The AMP/TAHT Manager and Assistant Coordinator will work with the Partner Agency to begin the new facilitator training process including:

- Recruitment and retention AMP members
- Planning ongoing meetings including agenda, speakers, fun activities
- Scheduling speaking engagements
- Completing AMP paperwork including youth applications, AMP Releases, meeting attendance sheets, etc.
- Managing AMP budget and submit monthly billing documents
- Describing ongoing support and training opportunities for the facilitator
Council Meetings Procedures/Protocol

(Each council has its own personality but also follows standard procedures)

“Life’s ups and downs provide windows of opportunity to determine your values and goals. Think of using all obstacles as stepping stones to build the life you want.”

-Marsha Sinetar

AMP Council Duties:

• Each council will elect 2 youth to represent its council on the AMP Central Council (AMP-CC)
• Ideally, each Council would conduct semi-monthly meetings in each service area, but some communities will support only one meeting per month
• The Council Facilitators will have each new member fill out an AMP application (see page 13) and have a signed release on file
• Each will contribute to the newsletter
• Each Council Facilitator will be sure to find a member’s strengths/talents and encourage youth to develop them. They are also expected to train and mentor their speakers
• Notify the AMP/TAHT Manager of changes needed on the website
• By the 10th of each month, council facilitators will submit AMP youth attendance sheets and billing forms to the AMP/TAHT Manager
• Facilitators are expected to distribute the meeting agenda to DHS, Four Oaks Family Connections Peer Support reps, AMP Partner agency group, shelter and foster care staff, Transitional Planning Specialists, local Iowa Aftercare Network staff, and other community members one week prior to the meeting date. Facilitators are expected to also submit the agenda to the AMP/TAHT Manager
• The Council Facilitators are to connect with existing community support committees in their area that focus on teen issues and transition planning
• Each council will find a way to recognize its members and continue looking for ways to recruit more members
• Council Facilitators will send out thank you cards (signed by the AMP youth) to guest speakers and event volunteers who present at their council meetings or help the council during a special event. In the case of a statewide event, the AMP/TAHT Manager will send out professional thank you letters
• Each Council Facilitator will keep the AMP/TAHT Manager aware of any concerns or issues that might arise in their council
• Council Facilitators must document and notify their Partner Agency of all donations
• Each Council will update and maintain an appropriate page on the AMP website
• Each Council will post (on the website) information or pictures promoting positive youth
• Council members will mentor and hold accountable all AMP members to do their best in and out of AMP meetings

Reminder: Youth need realistic standards for achievement. AMP is here to empower foster care youth. This is a youth-driven effort. They need belief in their own past successes, ability to be positive, their own strengths, and they need to believe their best efforts will likely result in goal achievement.
Launch

An AMP member that turns 21 will be honored during an AMP council meeting with a ceremony launching them into adulthood. The “Launch Ceremony” begins with the facilitator passing out note cards to the ceremony attendees. The participants write how the honoree has changed their lives while in AMP on the note cards, taking turns reading what they wrote out loud to the group. After their note cards are read, the cards are placed in the decorated shoe box for the honoree to keep. Each card contains contact information so the honoree can stay in contact with other AMP council youth. The AMP facilitator finishes the ceremony by reinforcing the importance of relationships and the connection the group has to each other. The facilitator presents the shoe box to the honoree and tells them to stay in contact.

Closing an AMP Council Protocol

AMP is youth driven. AMP never wants to be in the position of leaving youth without resources in a community. The closing of a Council is a decision we take seriously. As times change within the foster care arena with available homes, placements, youth and family participation, and funding options, AMP recognizes that Councils might need to be closed.

Below are the criteria that the Partnership of Iowa Foster Care Youth Councils has acknowledged as reasons to close a Council.

Loss of funding or an inadequate level of funding. AMP has a funding protocol that we know fully supports a Council’s needs.

If Council membership / attendance averages below 10 youth. (DHS contract level). Once this trend is noticed, the Council Facilitator needs to initiate invitations and outreach needs to happen within the community, resource parent, DHS, Four Oaks Family Connections, R&R Project, and the JCO systems to see if attendance can be increased. Once all options have been tried and shown to be unsuccessful, the Council can close.

If the Facilitator or the youth in the Council are not meeting MDA performance expectations of the MOA, the Partner Agency will be notified in writing by the AMP/TAHT Manager and given a 60-day notice.

This includes lack of attendance at required events, not participating in AMP events, not communicating with the Coordinator if and when there are concerns or issues with the Council or community, not attending required meetings, not submitting required paperwork, data, statistics or applying for funds contradictory to the goals/mission of AMP protocol. These are a few examples of reasons a Council might be closed. This list is not all inclusive.

A joint decision made between the AMP/TAHT Manager and a Council Facilitator in a local community with reasons documented and approved by DHS.

When the decision is made to close a Council, the AMP-CC will be notified and given an explanation as to the reasons for such decision. The youth in that area will have an open invitation into any open Council meetings and they remain members of AMP. AMP also provides resources and contact information to resources on our website for youth that can’t get to a Council meeting locally.
Sample AMP Council Guidelines

- Have fun and enjoy yourself
- Everyone shares responsibility
- Confidentiality – what is said and takes place during AMP stays within the group
- Be respectful to each other, to the facility, and to our guests
- Be supportive, listen, give positive feedback and don’t judge others
- Participate as an individual, as a group, speak up and let your voice be heard
- Exercise manners
- Decisions are made by the entire group
- Youth are in charge. It’s our group and it is what we make it
- Absolutely no ganging up on people; we are here to support each other
- Cell phones are shut off or placed on vibrate during meetings and events
- Drugs or alcohol are never allowed at meetings and AMP events. **NO** exceptions
- Tobacco use takes place only in areas designated and only by those 18 years old
- Guidelines will continue to develop as an ongoing project being added and altered as seen appropriate and necessary by the group

AMP-Central Council (CC) Members

- AMP-CC Members are chosen by the group.
- AMP-CC Members are role models on conduct and behavior, in the community, at meetings and events.
- AMP-CC Members are updated on AMP issues goals and activities.
- AMP-CC Members clarify AMP issues, goals and activities to the group.
- AMP-CC Members set the example for new members.
- AMP-CC Members conduct meetings in a productive and positive manner.
- AMP-CC Members should run the meetings by welcoming, beginning highs and lows, and introducing topic/speakers.
- AMP-CC Members arrive early to set up and stay to clean up. They ask others to help/mentor.

Rules Made by the AMP Central Council

- AMP officers are elected in October and serve a one-year term
- A member must complete New Member Training in order to speak in public for AMP. When speaking, both youth and adults should wear an AMP polo, khakis and nice shoes as the appropriate attire. Jeans are approved with an AMP polo, as long as they are nice (no holes).
- Two AMP-CC retreats (AMP youth only), one leadership retreat (any member can apply), and one statewide conference will be held each year. The retreats and leadership retreat will be held as speakers/site needs determine. The statewide conference is in the spring each year.
- Find a central location in Iowa for all AMP retreats.
- Adults may NOT smoke within sight of youth at retreats or AMP events. All AMP events are non-smoking events.
- No drinking of alcohol is allowed in or around AMP Conferences, meetings, or retreats.
• Members over 18 may choose to become Mandatory Reporters. This training is offered through your local DHS or private agency.

• Youth are to use appropriate language and post appropriate pictures on their Facebook/My Space accounts, e-mail or cell phones. If any youth or staff member sees inappropriate material, they are to ask the member to delete it and contact both their Council Facilitator and the AMP/TAHT Manager. Consequences for this action will be the loss of representing AMP in public; youth must turn in their polo until a future time when they request to be re-instated. Their local Council members will vote to decide if the youth should be re-instated to speaking status.

• Members who wear an AMP polo or T-Shirt need to understand what AMP is about and respect what AMP stands for when wearing the shirt. Youth should be proud to wear this shirt that represents foster care youth statewide and never participate in any illegal activity, post photos that show smoking/drinking or exhibit behavior that reflects poorly on the AMP program when wearing AMP attire.

• No electronic devices may be used during Council meetings, retreats, conferences or events unless it’s “free time”.

• Many AMP youth are friends outside of Council meetings. If negative feelings are happening on the outside, don’t bring the drama to AMP! Also, if someone shares something personal, respect them by keeping that information confidential.

• Safety above confidentiality: If anyone attending an AMP meeting or event exhibits unsafe behavior, AMP members will ask them to leave until their behavior is appropriate. It is not AMP-CC’s intention to exclude anyone from attending AMP functions, but we need to make sure people are attending for the right reasons and support the purpose of AMP.

• AMP plans to learn more about Human Trafficking in order to protect our youth.

• No one’s picture may be taken without proper releases giving permission at AMP meetings. Youth do not have permission to take or use pictures without custodian/guardian permission.

• Your story is personal and should not be told without your permission. Do not share the stories of others’ lives.

• Do not “out” anyone; personal information is for the person to share when he/she is ready.

• Guests of AMP members are not to attend council meetings without prior approval of AMP-CC and Facilitators.

• Council meetings are not for personal business. Exchange numbers and set up schedules outside of AMP meetings.

• Adults are welcome at AMP meetings unless an AMP member is uncomfortable. That member needs to share with the Council Facilitator to reach a solution.

• Guest speakers are honored guests and are to be treated as such. Youth meet, greet, and thank these people.

• If your Council has local/specific rules, they apply as well.
Serving AMP Youth

AMP Youth Enrollment Process

To participate in the AMP Program, an “AMP Enrollment Form” must be provided to a new youth at their second AMP meeting of attendance and it should be completed and returned at the next meeting of attendance. The enrollment form seeks contact and personal information regarding the youth so he/she can be best served by the AMP Program.

Also, the appropriate ‘minor’ or ‘adult’ “Release and Waiver of Liability for Participation in AMP Activities” should also be completed by the youth at the second AMP meeting of attendance, for youth’s participation in “regular” activities. This document provides the necessary information related to the youth’s Parent or Guardian, so AMP can seek DHS's assistance in securing the necessary approval (signature) of the Parent or Guardian on the release to allow the youth’s participation in AMP.

**NOTE:** Be sure to secure an “adult” release when a youth member turns age 18 as the “minor” release will not cover their participation in AMP “regular” or “special” activities.

Examples of *regular* AMP activities include the following:

- AMP meetings
- Community events
- Speaking engagements
- Iowa Legislature "Day on the Hill"
- Service projects
- Conferences
- Travel

An additional ‘minor’ or ‘adult’ “Release and Waiver of Liability for Participation in Special AMP Activities Release” must be secured for *special* AMP activities, which include such things as:

- Overnight events
- Camps/Retreats
- Out-of-state training/conferences/trips
- Yoga or physical exercise work-outs
- Swimming or other water event
- Special outings
- AMP Central Council events

The release for "special" activities should be started well enough in advance of the activity so that the necessary approval/signature can be secured prior to the event. When a parent must sign the release, additional time may be required to secure permission.

**NOTE:** For youth residing in an agency facility wishing to become an AMP member, the facilitator should check with the agency serving the youth to determine whether participation in AMP “regular” and “special” activities is covered by the release forms already secured by the agency or if separate AMP releases must be secured.
Seeking Approval from Parent or Guardian of Minor

For an AMP youth under age 18, the appropriate “Release and Waiver of Liability” (“normal” or “special”) form must be signed by the parent or guardian. If AMP is not aware if the parent is the guardian (parental rights have NOT been terminated – no “TPR”), the Facilitator should consult with the youth’s DHS Social Worker.

If it is determined that the parent is the guardian, the AMP Facilitator should inquire of the youth’s DHS Social Worker if it is appropriate for AMP to contact the parent to seek the permission and release or if it is advisable for DHS to make the contact and request. If DHS approves AMP requesting the parent’s permission, AMP should inquire of the social worker if it is recommended to meet with the parent in person or communicate via “mail”.

If AMP secures the release directly from the youth’s parent, while most situations will not pose a threat or danger, if an in person meeting is planned, it is generally best practice to meet the parent in a public setting, to avoid any uncomfortable or unsafe situations. If information related to the youth’s specific circumstances is requested by the parent, no information should be shared. A response to the request should include that AMP is not aware of any specifics related to the youth’s situation; we are just needing to secure the parent’s approval so the youth can participate in the AMP program.

If the Facilitator secures approval and the release from the parent(s), the AMP activities in which the youth will be involved shall be reviewed with the parent and the appropriate completed “Release and Waiver of Liability” form should be presented to the parent for signature. A copy of the signed release form should be provided to the parent.

AMP may also seek the DHS Social Worker’s assistance if, when requested by AMP, the parent does not approve the youth’s participation in AMP or sign the release form. The Social Worker should be requested to visit with the parent to explain the many benefits to the youth of his/her participation in AMP and seek the parent’s approval.

If parental rights have been terminated (TPR), the youth’s guardian will need to sign the “Release and Waiver of Liability” form. If an “individual” is the guardian, such as a relative, the same procedure as described above for the parent will be followed to request the approval for AMP participation and seek the required signature.

If the youth’s guardian is DHS, the DHS Social Worker shall be contacted and requested to the secure the guardian's signature on the appropriate “Release and Waiver of Liability” form.
Settings in Which Youth are Served

AMP youth are served in a variety of settings and the youth’s participation must be documented on the “AMP Attendance Sheet”, “AMP Special Event”, or “Individual Youth Meetings” forms. Listed below are the settings in which AMP youth are served (youth contacts) and on which form their participation is documented:

<table>
<thead>
<tr>
<th>Setting in Which Youth is Served</th>
<th>Form Used to Document Youth’s Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular AMP meeting</td>
<td>AMP Attendance Sheet</td>
</tr>
<tr>
<td>AMP special event (e.g. Des Moines zoo, yoga, Des Moines Art Center, holiday parties, other</td>
<td>AMP Special Event</td>
</tr>
<tr>
<td>than AMP Council meetings)</td>
<td></td>
</tr>
<tr>
<td>Service learning/community “giving back” project (e.g. food pantry distribution, event set up,</td>
<td>AMP Special Event</td>
</tr>
<tr>
<td>community parade/celebration)</td>
<td></td>
</tr>
<tr>
<td>Speaking event</td>
<td>AMP Special Event</td>
</tr>
<tr>
<td>Camp (2-7 days in length)</td>
<td>AMP Special Event</td>
</tr>
<tr>
<td>Mini Camps &amp; Mini Conferences</td>
<td>AMP Special Event</td>
</tr>
<tr>
<td>Educational opportunity outside of AMP meeting (e.g. college visits, meeting with individual(s)</td>
<td>AMP Special Event</td>
</tr>
<tr>
<td>regarding their profession/trade)</td>
<td></td>
</tr>
<tr>
<td>Iowa Legislature and local/area governmental meeting</td>
<td>AMP Special Event</td>
</tr>
<tr>
<td>Training event and conference (e.g. Plugged In &amp; Charging, Risky Business, Governor’s Bullying</td>
<td>AMP Special Event</td>
</tr>
<tr>
<td>Prevention Summit)</td>
<td></td>
</tr>
</tbody>
</table>

Youth Contacts Documentation and Reporting

Youth contacts, as described above, must be reported as part of the AMP “Monthly Billing Form”. All attendance sheets (“AMP Attendance Sheet” and “AMP Special Event”) must be attached to the billing form and include the total number of youth in attendance in billing form section “Part I: AMP Council Meetings” on the appropriate “Meeting1/2 Date” lines.

In addition to reporting AMP Council “Meeting” attendee numbers, subcontract agencies shall report youth numbers according to the following:

Report the 1st-15th of the month numbers to the first meeting billed to increase meeting rate
Report the 16th-31st of the month numbers to the second meeting billed to increase meeting rate

Councils whose facilitator is employed by YSS will record their regular AMP meeting numbers the same as subcontract agencies and attach attendance sheets to their billing form. As the lead agency, YSS does not reimburse itself but attendance is tracked as an outcome measure for the DHS contract.

The number of new youth in attendance each month should be indicated on the “New Youth” line, below the AMP bookkeeper’s contact information.
Use of Social Media in AMP

Iowa AMP Website

The AMP website, www.ampiowa.org, is designed to deliver information to professionals who work with youth in state care, youth in each AMP Council and to those who live in rural areas of the state not served by a local AMP council.

New facilitators attend training within the first month of employment for instructions on the AMP website management. Part of this training involves updating information and placing photos on their individual council page. Each facilitator can tailor their council’s individual web page to reflect the youth that attend. A facilitator may also ask a youth to help design the web page and can reward the youth with a gift card for his/her work.

The AMP website includes:

- The locations of all councils statewide plus a short bio of each AMP facilitator so the youth feel comfortable attending their first meeting
- “AMP Near You” page provides information on such resources as Aftercare Services, college scholarships, the DHS Transition Information Packet, bullying/suicide hotlines and medication management
- Other website tabs speak to “Who We Are”, “What’s Happening” or current events and “Shots & Clips” that feature AMP videos from the past and present
- In “Journeys“, there are personal stories and poetry written and submitted by youth
- The “Resource” tab provides several topics for youth such as: Aftercare, transition manual, medication management and college information
- There are multiple places on the website for youth interaction, such as “Blog”, where teens can give feedback to questions or learn current information on multiple subjects
- The public can contact AMP staff through the website, also use it as a resource for youth that they want to connect to the program

Youth and Shelter Services and AMP facilitators want to ensure that AMP foster care youth have an integrated and exciting “web” presence. To that end, YSS and AMP personnel are expected to maintain and update the website on a regular basis, to add new content and keep the search engine optimization improved by these activities.

AMP Facebook Page

YSS maintains a Facebook page for AMP to allow youth to chat with their AMP Facebook friends on a one-to-one basis, or to chat with multiple friends simultaneously. In state fiscal year 2018, there are 288 AMP Youth friends on the Facebook page.

As a safety precaution and to assure that conversations among members are kept confidential to only AMP, the AMP Facebook is a “closed” group, only open to council facilitators, staff (AMP, Partner Agencies and
DHS), and members of AMP. Youth approved to join the AMP Facebook page are teens who have attended an AMP.

Council meeting and understand the importance of confidentiality. The AMP Facebook page allows “visitors” to see basic information but only members added by the Facebook page Administrator can post or respond to post inquiries, questions, comments, or concerns for discussion.

In addition, each AMP facilitator is provided with the ability and is expected to moderate the site to protect the Facebook page from inappropriate, explicit, and other offensive postings by an automatic display to the Administrators’ cell phones of all feedback postings.

AMP Facebook messaging feature allows youth to:

- Communicate with each other
- Ask facilitators and support volunteers for a ride to Council meetings
- Discuss and plan for different AMP events, programs and social gatherings
- Post photos from community events, service projects, holiday parties or speaking events
- Embed You Tube videos and link websites to share information and resources

Each AMP facilitator is trained to utilize and is expected to update information on Facebook, allowing facilitators and program administrators to:

- Create and manage upcoming events
- Post photos from community events, service projects, holiday parties or speaking events
- Allow youth to vote on issues posted on the AMP wall in a timelier manner than a bi-monthly Council meeting
- Share information and photos from local community events/activities to keep other councils aware of what’s happening statewide, generating ideas and allowing youth to comment or “like” a specific activity
- Gather statewide youth input on issues and needs
- Post press/news releases, embed You Tube videos and link websites to share timely information and resources

**Honorariums Provided to Youth and Others Assisting the AMP Program**

AMP councils are provided an annual amount of funds to offer as honorariums, in the form of gift cards in the amount of $5 or $10, and gas cards in the amount of $25, to offer youth and others who support the AMP program.

Honorariums are provided to youth at the AMP facilitator discretion, to show appreciation of youth for sharing their talents or “above and beyond” participation in an AMP event. This includes such activities as participating in a speaking event, participating on a panel, offering an article, writing or poetry, producing art, and posting positive Facebook messages.
Gas cards can be provided for providing transportation to meetings, conferences and other AMP events. Examples of honorariums provided for a particular activity and the amount are included in the table below:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping set up, clean up and serve as a greeter at an AMP meeting</td>
<td>$5</td>
</tr>
<tr>
<td>Serving on a panel, presenting to foster/adopt parents at a PS-MAPP meeting</td>
<td>$10</td>
</tr>
<tr>
<td>Writing their personal story, creating a poem, producing art, posting positive Facebook messages, contributing to the AMP website</td>
<td>$10</td>
</tr>
<tr>
<td>Transportation</td>
<td>$25 gas card</td>
</tr>
<tr>
<td>Assist with training, writing training, participating in a video</td>
<td>$25</td>
</tr>
</tbody>
</table>

Honorariums are also provided to volunteers in the community who participate in a “support” role in an AMP meeting or event, providing food, meeting support, etc. The honorarium is offered in varying amounts, as determined by the facilitator, not to exceed $50/month depending on the level of support provided by the volunteer.

In addition, to reach out to eligible youth in the community, especially in rural areas where AMP meetings may be held a distance from the youth’s residence, AMP can offer a gift card in the amount of $5 or $10 to an adult volunteer willing to bring the youth(s) to an AMP meeting or other AMP event.

**How to Document Use of Honorarium Gift Cards**

Staff needs to use cards bought in one fiscal year in the same fiscal year (July-June); a supply of cards should not be purchased in June that will not be used before June’s end of each year.

Staff also needs to closely track when/where the card was purchased, the card number, and to whom the card was given, in case a card is lost/stolen and for possible audits. The card tracking document (honorarium form) should not be kept in the same place as the card supply.

All honorarium gift cards that are provided to youth or support volunteers must be documented on the “AMP Youth/Honorarium Tracking” form. The form must include information specific to the gift card provided, the date given, to whom given and the recipient’s signature. The honorarium tracking forms must be maintained with AMP program records for possible future reference.

**How to Claim Reimbursement for the Cost of the Honorarium Gift Cards**

IF YOU ARE A YSS EMPLOYEE, to be reimbursed for the cost of the gift cards, submit to the fiscal office the purchase receipt, blue sheet (for reimbursement) and the signed honorarium, stapled together. If you requested a YSS check to purchase the gift cards, send the cancelled check, receipt and signed honorarium stapled together to the fiscal office.

IF YOU ARE A NON-YSS EMPLOYEE, retain the gift card receipt and the honorarium (tracking form) for your records or future audits. You will seek reimbursement from YSS on your billing sheet.
Protocol for AMP Youth participation in DHS committees and speaking engagements

Ongoing service on a DHS committee or state level training or speaking:

Information Needed from DHS at time of request (usually submitted by Doug Wolfe to Ruth Buckels):

- Office/division requesting participation
- Contact person – phone and email
- Overview of request (e.g., training, public hearing, conference, work group, one-time event/presentation versus ongoing group or series of meetings)
- Date, time, and location of event/meetings
- Audience (if presentation); other members of ongoing group
- Event contact person if different than person making the request (name, email, phone)
- Number and characteristics of youth desired (e.g., one or a panel, age, gender, still in care, type of placement location)
- If ongoing work group, committee, etc., also need:
  - Location, frequency, and duration of meetings (is conference calling an option?)
  - Duration of participation (i.e., term); can youth rotate?
  - Availability of mentor
  - Issues to be addressed
- Role of AMP adult support (e.g., introduce, facilitate, attend, participate?)
- Amount/type of work required outside meeting
- Expenses – who’s covering? Stipend?
- Who’s responsible for handling logistics for youth? (AMP, DHS, 3rd Party)
- By when the response to requested needed

AMP Response (Prepared by AMP/TAHT Manager and/or Council Facilitator [CF]):

- Youth name(s), including contact info (email, phone, alternative phone)
- Adult supporter
- Preparation (time and place)
- Transportation (who and when)
- Expenses

Debrief/Feedback/Assessment (Prepared by AMP/TAHT Manager or YSS, AMP Youth and DHS):

- Youth’s assessment
- DHS’s assessment of youth’s participation (AMP Youth, CF & DHS)
- Punctual/attendance (ongoing)
- Prepared
- Comfort level
- Appropriateness
- Strengths/areas needing improvement
- Track expenses and stipends (amounts/form) paid (CF & Ruth Buckels)
Protocol for AMP Youth Participation in local or community speaking request

The request is handled by the Local AMP Council Facilitator. Collect similar information as above and complete the required form.

Protocol for AMP Youth to Attend Training or Conference

The AMP Program “seeks to unleash the full potential for personal growth among foster and adoptive children in Iowa”. AMP youth are empowered and trained to become advocates for themselves and other youth in the child welfare system. They educate legislators, foster parents, the public, child welfare and juvenile court professionals about foster care and adoption, from the youth perspective. AMP youth are also provided life skills training needed to become self-sufficient, independent adults.

From time to time, a training or conference becomes available that will assist AMP youth in achieving the goals listed above. When such a training or conference occurs and resources are available to support attendance, AMP Councils will be notified by the AMP/TAHT Manager and youth will be sought or encouraged to attend. If a council becomes aware of a local training or conference that supports the goals of the AMP program at no cost, the facilitator may seek and encourage AMP youth to attend. If there is a cost for the event, the facilitator should contact the AMP/TAHT Manager to determine if resources are available to support youth’s attendance prior to encouraging youth to attend.

If the training or conference is determined appropriate for AMP attendance and the event occurs on a day when school is in session, the facilitator will complete the “School Absence Request”. As permission to miss school to attend the event needs to be given by the youth’s parent or foster parent, the facilitator will provide the “School Absence Request” to the youth to give to his/her parent or foster parent.

If the parent/foster parent approves, the youth will take the “School Absence Request” to the school as soon as the attendance is approved, but no later than the day before the event. Often a teacher will ask the youth to talk about what he/she learned at the conference/training in a class when they return to school and the youth may be offered “extra credit” for participating. If approval is not given by the parent/foster parent and the school, the youth should not attend the training or conference.

Youth Conference

AMP will provide an Annual Youth Conference for any eligible youth in care or any active AMP member. One of the goals of the Annual Youth Conference is recruitment of youth to the AMP program closet to their service area. The conference will focus on key aspects of self-sufficiency that the youth will experience as they transition to adulthood. Age appropriate, relative topics will be presented to youth in a safe setting. AMP will provide transportation for youth from all 99 counties to attend the Annual Conference.

The Contractor will create a committee comprised of youth, council facilitators, contract coordinator and support staff to create an educational and inspirational Annual Youth Conference. This committee will oversee all aspects of the conference including but not limited to venue, theme, advertising, registration, agenda, speakers, transportation and budget.

The primary goal of the Annual Youth Conference will be to not only educate and inform but to inspire youth to reach for their full potential. Current youth obstacles and “hot topics” will be addressed at the Annual
Youth Conferences and youth will be challenged to engage and work towards improving themselves both at educational and mental levels.

The committee charged with creating and implementing the Annual Youth Conference will work towards providing an array of different topics and presenters to reach the demographics that make up the majority of the youth council members and eligible attendees.

Save the date, conference invitations and registration forms will be provided to child welfare, JCS, DHS workers, youth council facilitators, youth advocacy groups and partners to insure advance notice and information is disseminated to youth eligible to attend the Annual Youth Conference.

Surveys will be completed by Annual Youth Conference attendees yearly to document the impact the conference had on the youth. Suggestions made by both the youth and facilitators that attended the Annual Youth Conference will be reviewed annually by the conference committee to insure that needed changes or improvements are made for future events.

The Annual Youth Conference committee will partner with as many appropriate groups as sees fit. The Committee will work within the constraints within the Annual Youth Conference agenda.

In the past such partners as Iowa Financial Aid, The Iowa Aftercare Service Network, Opportunity Passport, DHS, Juvenile Court Services, Indian Hills Community College and lead/partnering agencies have been a part of the Annual Youth Conference. AMP looks forward to and is open to working with new partners in the future.

Beginning fiscal year 2017-2018, AMP will offer five mini conferences across Iowa, one in each DHS service area, each year. AMP is collaborating with local universities and community colleges as hosts for the mini conferences, as a way to alleviate fear for youth who may be the first person in their family to experience college or get a diploma. This approach was a suggestion by AMP members who spoke of transition plans including college and the fear they felt. Also, AMP hopes to keep students enrolled using the supports of the college and other AMP students attending the same post-secondary education. Too often youth fall behind in their classes and leave college, without using their support system to help them stay enrolled.

**Retreats and Camps**

Since 2012, Variety Children’s Charity has awarded AMP funding to support a week-long summer camp for youth participants or recent alumni of Iowa’s foster care system. AMP youth have been involved in foster care, adoption, and/or other out-of-home placements, which can be very disruptive in a youth’s life. More than half of the AMP youth are severely emotionally disturbed (SEO) and nearly all of them have a history of trauma.

If youth have been bounced around from one foster home to another; if they have been abused or neglected; if they have a back-and-forth relationship with their biological parents and/family, the Variety AMP Camp provides a safe environment where they can heal, learn and at the same time have outdoor recreational fun.

The Variety AMP campers are around others who are like them and who frequently share the same stories of loss. Most of the youth at the Variety AMP Camp have never attended camp, because they could not afford it, have been moved around so much or had no knowledge of camps in general.
At Variety AMP Camp, foster care youth from across Iowa benefit from a positive setting where they can share personal stories, build camaraderie, develop skills, learn how to connect to community resources and increase strategies necessary for successful transition from out-of-home placement and into self-sufficiency. The camp provides a safe and supportive environment for participating youth to gain confidence and learn leadership skills and teamwork.

AMP youth must be at least 14 years old at the time of the camp to maximize effectiveness of the camp goals.

In addition to AMP campers, adult AMP members who have previously attended camp (alumni) and Aftercare/PAL youth participants, as former members of the foster care system currently transitioning into independent adulthood, attend camp serving as mentors for the AMP youth. The adult mentors receive a stipend for their time (approximately $200), as well as reimbursement for their travel expenses to and from camp.

Mentors attend special training from camp staff before campers arrive, to increase their leadership skills. During camp, mentors help lead the youth during programming. They listen to grievances, complaints and feelings of the AMP campers. Mentors set up, serve and clean up after meals. They are motivators and the connection for youth to adulthood. Mentors are the people who understand what the AMP teens are going through and use their past experience to help guide younger teens; they inform them of resources and programs that really work to support them after they age out of foster care.

AMP youth and adult AMP/PAL campers participate in AMP specific activities held daily (generally scheduled from 2:00 p.m. to 6:00 p.m.), along with traditional camp activities conducted in the morning and evenings. At the end of each day, youth have free time before campfire where they can discuss the activities of the day. This is not led by camp leaders; youth just “hang out” together. After campfire, the younger AMP members are sent to bed and the mentors get together and discuss the day.

For a youth or mentor to participate in AMP camp, an application (either “youth” or “mentor”) must be completed. As well, the following “minor” or “adult participant” forms must be completed: “Release and Waiver of Liability for Participation in Special AMP Activities”, “Consent for Participation-Volunteer Transportation” and “Media Release Agreement”. Also, all forms/documents required by the camp sponsor must be completed and returned as instructed. Specific application instructions are sent prior to camp and in order to assure participation, all paperwork must be completed and returned according to instructions and by the requested date.

Mini Camps

Beginning in 2017-2018 fiscal year AMP will offer five mini camps, one in each of the five DHS services areas across Iowa. The structure will include a smaller version of Variety AMP Camp activities (songs around the campfire, crafts, team building games) but only in a day format. Mini camps will allow teens to experience the AMP program in a fun way and give them a glimpse of the six day summer camp.

Medication Management

When youth are with facilitators on a “day” event, to assure safety for him/her and other youth in attendance, best practice is for the facilitator to request that the youth give them their medication(s) to monitor. This includes over the counter medication pain reliever (Aspirin, Tylenol, and Advil), cold medication, calamine
lotion as well as prescribed medications such as birth control, allergy medications, antibiotics, psychotropic medications, and EpiPen (for allergic reactions).

When youth are on an overnight AMP sponsored event, he/she is to bring with them enough of their regular medications to last the entire stay. All medication must be in its original packaging bottle that identifies the prescribing physician (if prescribed), the name of the medication, dosage and frequency of the dosage.

When youth participate in “AMP Camp”, he/she will be required to turn in their medication to the medication manager on duty who is trained to dispense medication during camp. Medications provided to clients/participants shall be dispensed only from a licensed pharmacist in the state of Iowa in accordance with the pharmacy laws in the Code of Iowa or from a licensed pharmacy in another state according to the laws of that state or by a prescribing professional. See prescribing professional definition in Administrative Directive 52.25 Prescribing, Purchase and Storage of Pharmaceutical Products.

All prescribed medications shall be clearly labeled indicating the client’s/participant’s full name; prescribing professional’s name; prescription number, name, and strength of the medication; dosage; directions for use; date of issue; and name, address, and telephone number of the pharmacy or prescribing professionals issuing the medication. Medications shall be packaged and labeled according to state and federal guidelines.

All medications shall be stored in a locked staff-secured area. Controlled medications (Schedule II) shall be double locked. If the medication needs to be refrigerated, it shall be stored in a locked container within the designated refrigerated space, separate from food and other items, or in a refrigerator in a locked area, accessible only to staff in accordance with any program licensure standards. All potent poisonous or caustic medications shall be stored separately from other medications and shall be plainly labeled and stored in a specific storage area, accessible only to authorized persons.

All over-the-counter medications (aspirin, non-aspirin pain relievers, cough medicine, topical ointments, etc.) will be stored, dispensed, and documented according to specific program procedures. Clients/participants in most programs are not allowed to keep over-the-counter medication in their possession.
Behavioral Guidance

Crisis Planning

Developing the Plan

- A crisis is when the adults don't know what to do
- When things seem to be stabilizing or at times of transition, crises are likely to occur
- Planning for crises and developing proactive plans will decrease the need for crisis intervention
- Crisis episodes will continue in the life of the child/family. By maximizing the use of family members and natural supports, we build crisis plans that will support the child and family over time.
- We must anticipate a crisis
- Build plans based upon history. What has happened in the past and what has worked?
- Discuss and develop crisis plans early in the life of the child and the Family Team
- The crisis plan is dynamic; constantly changing
- Develop a 24-hour response plan
- By reviewing and revising Crisis Plans, you create opportunities to build upon successes and to measure progress toward outcomes
- The Crisis Plan provides parent/caregiver with a sense of security and helps them feel in control of their family life
- Crises are often system induced
- A crisis plan offers the family alternatives to the systematic response of calling 911 or hospitalization

Background Information

- Provide information from the Assessment Summary taken from the Intake Assessment
- Describe the crisis history for this child/family
- Give the reader a brief but clear picture of the critical issues

Anticipated Problems (Home, School and Community)

- What are the problem areas for this child/family? What are their trigger points?
- What happened to get this child/family involved in the system
- What has happened historically
- Example: HOME
  - Michael stays out past curfew
  - Jill makes suicidal threats
  - John threatens to harm his younger brother
- Example: SCHOOL
  - Michael cuts class
  - Jill refused to attend school
  - John has threatened to harm school personnel
- Example: COMMUNITY
  - Michael runs away
  - Jill has shoplifted
  - John has become violent with peers
**Approaches (Home, School and Community)**

- What has worked before
- Information from the strengths based discovery
- Be concise and keep it simple
- Example: HOME
  - Michael will stay home when there is adult supervision; Michael tends to be in the neighborhood with friends after curfew; Michael will usually come home within an hour of curfew.
  - Jill will talk about how she is feeling with her aunt; when Jill overdosed on her medication, she told her best friend Anita.
  - John loves his brother but becomes frustrated with his immature behavior; John has never actually harmed his younger brother; John can calm down if he walks around the block.

- Example: SCHOOL
  - Michael does not leave the building; Michael likes talking to the school social worker.
  - When Jill wakes up and leaves the house, she will go on to school; when Jill takes her medication one hour earlier in the evening, she is better able to fall asleep.
  - John has never become violent at school; John has always been respectful to the shop teacher; John is big for his age and sometimes gets his way by bullying others.

- Example: COMMUNITY
  - Michael will often call family members when he is on the run; Michael will often stay with friends when he is on the run; Michael has gone to the old neighborhood; since Michael is on probation, he will be detained at the juvenile center if he is picked up again.
  - Jill feels better when she has some new clothes; Jill's mother took her to Value City to return some clothing and apologize to the store manager.
  - John likes to hang out with older boys who are suspected gang members; it has been six months since the last time John got into a fight; John's older cousin took anger control classes.

**Interventions**

- What can the family do that works in a crisis?
- How can the plan help the family manage it on their own?
- What does the family/system need to avoid using hospitalization, residential treatment, or calling 911 as the primary crisis response? Be clear for the family, the team and the crisis response team.
- Be sure everyone has input, agrees, and has signed the plan.
- Example: HOME/COMMUNITY
  - Every week, Mrs. Smith and the therapist will create a daily child care schedule.
  - Michael will wear his watch.
  - If Michael ignores his curfew, he will add that amount of time to his scheduled community service, location to be determined by the Probation Officer.
  - Mrs. Smith and Michael will develop a list of friends with phone numbers to be posted on the refrigerator.
  - If Michael is more than 1 hour over curfew, Mrs. Smith will contact each of the names on the list including extended family members.
  - Michael will carry a list of friends and family members at all times.
  - Michael agrees to contact at least 3 people on the list to say he is okay if he runs away.
If Michael returns home and is not arrested, he will be provided 24 hour, 1:1 adult supervision for the amount of time he was gone.

If Michael is arrested, Back to Home will review crisis plan and contact mother and therapist.

**Media Guidelines in a Crisis Situation**

Here are some Media Guidelines for you to follow when there has been an incident involving any of your youth:

- Notify the AMP/TAHT Manager and also your local AMP supervisor as soon as you hear about an incident and provide the details.
- If you are contacted by the media, acknowledge that you are the Local AMP Facilitator and thank them for their interest.

Say this:

> “Yes, I am the local AMP Facilitator. Thank you for your question. Ruth Buckels, the AMP Manager, will be happy to answer your questions and help you get to the right person. You can reach her at 515-233-2250 ext. 4575 or rbuckels@yss.org.”

If they press you further, don’t hang up, don’t get frustrated. Just calmly and politely respond:

> “I appreciate your interest. Ruth Buckels is the person you need to contact. She will be happy to answer all your questions. Thank you for your call.”

**Offering a Bed or Home**

To offer a bed or home to a youth 21 or under, you must:

- Be a licensed foster parent in good standing
- Must have approval of the AMP/TAHT Manager

**Safety Protocol**

Council Facilitators are responsible for all AMP youth under their care. When it comes to matters of safety, the Council Facilitators will take no risks. Please consult the AMP/TAHT Manager or Assistant Coordinator if you have questions.

**Youth on the Run**

- If AMP staff is notified by DHS, GAL, attorney or other guardian/parent that a youth is on the run from their safe placement, said youth cannot participate in AMP public speaking engagements, AMP-CC Retreats, or other positions of honor until they are once again placed safely
- If AMP staff is notified, they are to make sure all staffs are aware of the situation and risks for the youth
- If AMP staff is aware of a youth’s location, they are to notify DHS/GAL/Attorney or Parent/Guardian after letting the AMP/TAHT Manager know
- AMP staff is not to put a youth at risk in any manner. This includes hiding them, lying for them, covering for them or housing them.
Policies, Procedures and Practices

Assuring Safety through Risk Management

Assuring the safety of AMP youth, volunteers, guests and staff is paramount and will be ensured through appropriate preparation and risk management.

It is expected that there will be turnover in AMP youth membership. So that AMP members are aware of the purpose of the AMP program, the opportunities they will be offered and responsibilities assumed by youth participating, the “What is AMP” video will be shown by the Council Facilitator each quarter (with documentation maintained). The content of the video will be discussed, with acceptable and unacceptable behaviors by AMP youth reviewed.

AMP serves youth age 13 - 20 years of age. Youth 21 years of age and over cannot be “members” of AMP, but he/she may request to participate as a volunteer mentor or support person. AMP members and volunteers will be supervised at all times during meetings, activities and events.

Similar to safety procedures followed by agencies related to adult employees, interns and volunteers, criminal and child abuse record checks will be completed on each potential AMP youth member or volunteer age 18 and over. It must be clearly explained to the youth that it is their choice to request a criminal and child abuse records check, but necessary if the youth wishes to participate in AMP meetings, activities and events, to assure the safety of all “minor” AMP youth.

The necessary paperwork to initiate the criminal record and child abuse checks will be completed by the youth no later than the second AMP meeting of attendance. The record check paperwork will be submitted by the Council Facilitator to the partner (subcontractor) agency for processing within one week of completion by the youth.

At the judgment of the Council Facilitator, a criminal record or child abuse re-check can be completed at any time.

If the results of the criminal and child abuse checks indicate that there is not a record of a criminal conviction and/or founded child abuse, the youth should be so notified and informed that he or she will be allowed to participate in AMP activities.

If a youth age 18 and older has a record of criminal conviction and/or founded child abuse, the young adult will be notified in writing on form “Notification of Positive Results of Criminal and/or Child Abuse Checks for Youth 18 Years and Older” that he/she will NOT be able to participate in AMP activities or events, unless the youth requests that an evaluation of the record(s) be completed.

If an evaluation is requested, the youth will complete the “AMP Record Check Evaluation Request for Youth 18 Years and Older” form and provide it to the Council Facilitator within 14 days of being notified of the criminal and/or child abuse record.

The completed “AMP Record Check Evaluation Request for Youth 18 Years and Older” form will be evaluated by the AMP Council Facilitator, after consulting with the AMP/TAHT Manager, within 14 days of receipt, to determine whether the crime or founded abuse warrants prohibition of participation in AMP meetings,
activities and events or if changes made and/or treatment received indicates that the individual is safe to participate.

Criteria used to complete the evaluation are contained in Iowa Code Section 135C.33, as described on the AMP document “Criminal/Child Abuse Evaluation Criteria”.

The youth will be notified of the evaluation decision on form “Notice of Decision Regarding Record Check Evaluation for Youth 18 Years and Older” within 14 days of receipt of the completed request form. The decision of the administrators is final.

If upon evaluation of a record of criminal conviction or founded child abuse that involved a sexual offense the youth is approved to participate in AMP, the youth will be welcomed into AMP, but he or she may not participate in any overnight events.

If a youth is found ineligible to participate in AMP activities and events, he/she may still participate in AMP through access to the AMP website, AMP Facebook account and special projects as determined by the Council Facilitator, where he/she will not be a safety risk to other AMP youth.

If an AMP youth is involved in “misbehavior” during an AMP meeting, activity or event, the consequences for the misbehavior will be determined, based on the extent and type of the misbehavior. Consequences will include a “warning”, a time limited “suspension” or “exclusion” from all further AMP activities.

The consequence of the misbehavior will be determined by the following individuals:

• If the AMP youth is between age 18 and 20 and if:
  o The AMP youth resides in a foster family home, adoptive home or in kinship care, the AMP Central Council decides
  o The AMP youth resides in group care or shelter care, the Council Facilitator and related program staff decide
  o The AMP youth is involved in a Supervised Apartment Living, Transitional Living or Aftercare program, the Council Facilitator and related program staff decide

• For all AMP youth age 21 and over, the Council Facilitator decides, following consultation with the AMP/TAHT Manager

• All “exclusion” determinations will be made by the Council Facilitator and AMP/TAHT Manager

If a youth is suspended from AMP, he or she will be informed in writing of the suspension using form “AMP Participation Suspension Notification”, including the length of the suspension and a list of the misbehavior(s) that resulted in the suspension. The youth will be informed that if he/she wishes to re-enter AMP, he/she must write a letter that states how the behavior will change.

If the youth wishes to return to AMP participation, at the end of the suspension period, the youth will take the letter explaining the positive changes they have made in order to return to AMP and meet face to face with the individual(s) who determined the suspension (per above), to decide if the youth may return to AMP participation. The decision made regarding the youth’s return will be made within 14 days and the youth will be informed of the decision on form “AMP Participation Suspension Request to Return Decision”.

If a youth is “excluded” from further AMP meetings, activities and events, he/she will be informed in writing using form “AMP Participation Exclusion Notification”, including the reason(s) for the exclusion. The youth will
be informed that if he/she wishes to return to AMP participation, he/she must request the return in writing. The request to return to AMP must include what changes in behavior, thinking or counseling/therapy received indicates that the youth will be a positive participant in AMP.

The youth must meet face to face with the Council Facilitator to discuss the changes that have occurred and request the return. The Council Facilitator and AMP/TAHT Manager will make the decision regarding the youth’s return to AMP participation. The decision made regarding the youth’s return will be made within 14 days and the youth will be informed of the decision on form “AMP Participation Exclusion Request to Return Decision”.

**Documentation of Criminal and Child Abuse Checks for AMP Youth 18 Years and Older**

To protect the safety of all youth who participate in AMP and to assure that the required criminal and child abuse record checks are completed for youth 18 years and older, facilitators are asked to track all of the completed criminal and child abuse record checks. The tracking will also document the decisions that are made related to youth who are found to have a criminal and/or child abuse record; whether they will not be allowed to participate in AMP fully or whether following an “evaluation”, they are determined eligible to participate fully in AMP.

To assist with tracking the checks completed, facilitators are asked to enter dates on form “Adult Participant Checks Documentation”. The information to be entered includes the following:

- Columns B-E are the dates the criminal and child abuse checks paperwork was completed, submitted to the agency for processing and date results received
- Column F documents that no record of a crime and/or child abuse exists
- Column G-H are the dates that the adult participant was informed that a criminal and/or child abuse record exists and of the fact that he/she cannot participate fully in AMP if an evaluation of the record is not requested; also included is the date that the AMP State Coordinator was notified of the "no participation" (if no evaluation was requested)
- Column I indicates that if an evaluation of the criminal or child abuse record is not requested, the record check evaluation process is finished
- Columns J and K are the dates that upon request, criminal and/or child abuse record evaluation paperwork was provided to the adult youth and the date the completed evaluation paperwork was received back from the adult youth
- Columns L-N are the dates that the criminal and/or child abuse evaluation was completed and the decision made, the decision that was reached (can or cannot participate fully in AMP), and the date the adult youth was informed of the decision
- Column O is the date that the AMP/TAHT Manager was notified of the decision.

Included on the tracking tool are three examples of how to complete it: one example if no record was found, one example if a record exists and the youth did not request an evaluation of the record and one example if a record exists and the youth requested an evaluation of the record.

The completed “Adult Participant Checks Documentation” form should be maintained with other AMP Council records, to document that required checks were completed and the results of the checks.
Client Person/Property Searches (YSS AD)

(Below is a Youth and Shelter Services (YSS) Administrative Directive (AD) which YSS staff must follow. While sub-contracted agency staffs are encouraged to follow the policy and practice described, they should consult with their employing agency for direction.)

YSS ADMINISTRATIVE DIRECTIVE NO. 52.38
TITLE: Client Person/Property Searches

PURPOSE: To promote consistency across programs and to ensure clients are treated with dignity and respect when undergoing personal and property searches.

POLICY: Pocket searches, clothing, purse, and backpack searches are done to ensure dangerous and illegal items are not brought into YSS facilities. At intake, upon return to the facility and/or when there is good cause to suspect that a client is hiding dangerous items such as drugs, weapons or items that could cause harm searches are conducted by staff. Facility searches including searches of client’s personal property are done on a regular basis and/or when there is sufficient cause to suspect that a client has brought drugs, weapons, or items that could cause harm into the facility.

DEFINITION: YSS believes that all clients deserve respect and privacy. However, the safety of all clients and staff is a priority. When there is cause to suspect that drugs, weapons, or harmful items are on a client or in the facility, searches may be necessary. Searches are done by staff in a respectful and private method.

PROCEDURES:

Pocket Searches
At intake, upon return to the facility (run, home visit, pre-placement visit, outing etc.), and/or when there is sufficient cause to suspect that a client is hiding weapons or items that could cause harm; lighters, drugs, alcohol, or tobacco within their clothing, a client may be asked to empty the entire contents of any pockets contained on their clothing and other items such as, but not limited to, purses or backpacks will also be searched. This is to ensure that the client is not returning into the facility with any item that is forbidden in YSS facilities.

Any item found that is forbidden in YSS facilities will be confiscated and disposed of according to YSS policies. Written documentation will follow in the client’s file according to that specific program’s documentation procedures.

Clothing Searches
At any time, YSS staff have sufficient reason to suspect that the residential client is hiding weapons, drugs, alcohol, or tobacco on his/her person and that preferred means of pocket searches outlined above is ineffective in uncovering the suspected hidden/concealed items, YSS staff will proceed with the clothing search as follows:
1. Two YSS staff of the same gender as the client in question will inform the client of the reason for the clothing search.
2. The client will be taken to a private, confidential room and will be given a robe and asked to undress completely in front of staff and hand all clothing to the two YSS staff. This will include all undergarments.
3. Staff (using universal precautions as outlined in YSS policy) will inspect/search all clothing. Any item(s) found that is forbidden in YSS facilities will be confiscated and disposed of according to YSS policies and appropriate consequences served to the client according to specific program’s procedures.
4. Staff will return the clothing to the client and the client will get dressed.
5. Written documentation regarding the clothing search will follow in the client’s file according to that specific program’s documentation procedures.

Facility Searches
Facility searches including searches of client’s personal property are done on a regular basis and/or when there is sufficient cause to suspect that a client has brought drugs, weapons, or items that could cause harm into the facility.

YSS staff will proceed with the facility search as follows:
1. One or more YSS staff will inform the client of the reason the facility is being searched.
2. Staff (using universal precautions as outlined in YSS policy) will inspect/search the entire facility. Any item(s) found that is forbidden in YSS facilities will be confiscated and disposed of according to YSS policies and appropriate consequences served to the client according to specific program’s procedures.
3. Written documentation regarding the facility search will follow in the client’s file according to that specific program’s documentation procedures.

Documentation
Anytime a search is conducted it will be documented in the client’s file according to the specific programs documentation procedures.

Training
Employees will be trained in the proper and permitted search procedures.

Written by: Jason Haglund Effective date: 3/28/07
Authorized by: George Belitsos Revised: 6/11/AA Approved by: Board of Directors 7/26/11

General Safety (YSS AD)
Below is a Youth and Shelter Services (YSS) Administrative Directive (AD) which YSS staff must follow. While sub-contracted agency staffs are encouraged to follow the policy and practice described, they should consult with their employing agency for direction.)

YOUTH AND SHELTER SERVICES ADMINISTRATIVE DIRECTIVE NO. 53.1

TITLE: GENERAL SAFETY

PURPOSE: To establish general safety procedures to ensure that all YSS facilities provide a safe environment for all clients/participants, staff, and visitors.
POLICY: All YSS programs shall maintain buildings and grounds in a manner that is designed to provide safe access to and a safe environment for clients/participants, staff, and visitors.

YSS staff shall follow procedures to ensure clients/participants, staff and others in YSS facilities sufficient safety against fire, extreme weather, or other emergency situations, in buildings, facilities, grounds, new construction, and other activities. Staff shall report any unsafe and/or unhealthy practices, equipment or conditions to their immediate supervisor.

Safety training will be provided for clients/participants, staff and others in the orientation process and on an ongoing basis and shall utilize recommendations from the Quality Improvement Committee and/or Facilities and Risk Management Committee.

I. General Safety Measures
A. A Facilities Inspection Report (Admin. Gen. #35) form shall be completed monthly for residential facilities, apartment locations (Transitional Living, Lighthouse, and New Hope), and Kids Club Sites and quarterly for office programs and submitted to the Quality Improvement Coordinator by the 5th of the new month. A work order shall be initiated by the Director and/or designee for needed repairs or maintenance. Contact the Building and Grounds Manager or Services Director immediately for serious safety concerns.

B. Comprehensive health and safety inspections are conducted annually by a qualified external authority (i.e., fire inspection) at each facility.

C. Stairways, halls and aisles shall be non-slippery and maintained in a good state of repair, adequately lit and kept free from obstructions at all times. All stairways shall have handrails.

D. Radiators, registers, and steam and hot water pipes in public areas shall have protective covering or insulation. Electrical outlets and switches shall have wall plates. Fuse boxes shall be inaccessible to children.

E. Facilities shall have written procedures for the handling and storage of hazardous materials. Hazardous materials will be stored in a locked area. (See Admin. Dir. 53.1.01)

F. Snow removal from all exits is a fire regulation. Sidewalks and driveways must be shoveled as soon as possible after a snowfall.

G. All YSS program locations in facilities built before 1960, and accessible to children from infancy to six years of age, shall follow the guidelines from the Iowa Department of Public Health for avoiding lead poisoning.

H. All YSS program locations and all vehicles that are owned or operated by YSS and used to provide transportation for the persons served will have first aid equipment and supplies that are properly and clearly labeled and quickly available. The first aid kits may include, but are not limited to, the following items:
   - (40) adhesive bandages, various sizes
   - (2) 5” x 9” sterile dressing
   - (2) conforming roller gauze bandage
   - (4) triangular bandages
   - (4) 3 x 3 sterile gauze pads
   - (4) 4 x 4 sterile gauze pads
AMP Operations Manual

- (2) roll 3" cohesive bandage
- (4) germicidal hand wipes or waterless alcohol-based hand sanitizer
- (12) antiseptic wipes
- (4) pair large medical grade non-latex gloves
- Adhesive tape, 2" width
- barrier, such as a face shield
- Anti-bacterial ointment
- Cold pack
- Scissors (small, personal)
- Tweezers
- CPR breathing

It will be the responsibility of each program location to ensure that the first aid kits within the facilities and agency owned vehicles are inspected and restocked. In addition, “to go” first aid kits for staff using their own personal vehicle will be made available in each location and that program location will be responsible for ensuring that the “to go” first aid kits are inspected and restocked as needed.

In the event of a pandemic situation facilities should provide infection control supplies such as soap, tissue, hand sanitizer, and disinfectant spray. Personal protective equipment (gloves, surgical masks, etc.) should also be made available in sufficient quantities to last the duration of the event. Disposable towels should be provided for employees and/or participants to clean work and living surfaces. Ensure that employees are aware of where all supplies are located. Do not wait until the threat of a pandemic situation occurs in order to obtain necessary items. Supply inventories should be conducted at least quarterly. During the inventory shelf lives of all items should be noted and product rotation incorporated.

I. All YSS owned vehicles will contain written procedures for handling emergencies including roadside emergencies and individual emergencies that may occur during operation of the vehicle, communication devices, road warning/hazard equipment, first aid supplies, and a fire extinguisher that is secured inside the vehicle.

J. YSS Staff shall have the following in their personal vehicles when driving YSS clients/participants: written procedures for handling emergencies, including roadside emergencies and individual emergencies that may occur during operation of the vehicle, communication devices, road warning/hazard equipment, first aid supplies, and a fire extinguisher.

K. The YSS Quarterly Vehicle Safety and Maintenance Form will be completed by both an external mechanic and a YSS staff person on each agency vehicle. For vehicles in storage and/or with minimum usage during the previous quarter, an inspection by an external mechanic can be waived as long as there are no areas of concern noted in the staff internal inspection while still adhering to manufacturer recommendations. Staff shall document reason for waiving the inspection by an external mechanic directly on the form. See also Administrative Directive 53.2, Use of YSS Owned Vehicles for Conducting YSS Business.

II. Fire

A. Prevention Procedures

1. Check all cords on equipment and appliances for breaks or frayed areas. This includes clients/participants and staff radios, hair dryers, curling irons, etc.
2. Malfunctioning equipment or appliances should be reported or taken in for repairs.
3. Do not leave facility with food in oven, food cooking on stove top, or operating a dishwasher, clothes washer, or dryer.
4. The fire evacuation plan shall be posted and explained to all new clients/participants, staff, volunteers, interns or any other persons regularly present in facilities.

Nothing about us without us!
5. Emergency numbers will be posted.

6. All smoke detectors shall be checked to ensure they are operational. Smoke detectors at Rosedale Shelter, Youth Recovery House, Seven-12 House, Jacobson Center, and Family Life Center will alert a security company who will, in turn, alert the fire department for those locations with alarm systems only.

7. All means of egress shall be identified and shall be free of furniture or debris.

8. All windows designated as a means of egress shall be checked annually to ensure they can be opened.


10. All toys and other materials used by children are clean and safe.

11. CEO or designee must approve the use of space heaters in any YSS facility in consultation with the Building and Grounds Manager. Power strips are never permitted to be used with space heaters.

12. No candles are permitted in any YSS facilities, unless CEO/designee approves for such things as client graduation or NA meetings.

13. Power strips, if needed, must be heavy duty and are supplied by the YSS Building and Grounds Manager.

14. Power strips should not to be confused with surge protector strips that computers are plugged into. Power strips and power surge protector strips look very much alike in nature but serve different purposes. Power surge protector strips are in place to protect computer equipment from any sudden electrical power surges. If you have a computer at your assigned work station, then it is plugged into a power surge protector strip. Only computer equipment is plugged into power surge protector strips and everything else is plugged into a power strip, if needed.

B. Fire Extinguishers

Training on the types of fire extinguishers and how to use them will be offered annually at each YSS facility. Staff will check all fire extinguishers monthly in residential facilities and quarterly in office locations to ensure they are fully charged, or if they need to be sent in for recharging. This will be documented on the Facility Inspection Report.

Fire extinguishers will be recharged by a certified vendor every five years. The Director or designee will send a work order to the Building and Grounds Manager, who is responsible for having the extinguishers maintained. As of August 1, 2008, all fire extinguishers will be inspected annually by a certified inspector.

III. Tornado/Extreme Weather:

A. Preparation Procedures

1. A tornado/extreme weather plan shall be posted and explained to all new clients/participants, staff, volunteers, interns, and any other persons regularly present in facilities.


3. Each program location shall have an emergency equipment kit that may include but not limited to, the following items:
   - Water
   - Non-perishable food items
• First Aid Kit
• Battery operated weather radio with extra batteries
• Flash light with extra batteries
• Emergency Preparedness Manual
• Analog phone
• Blankets and/or sleeping bags
• Paper/pencils
• Program specific needs such as diapers, sanitary items, toilet paper, tissues, etc.

IV. Carbon Monoxide Poisoning
A. Prevention Procedures

All carbon monoxide detectors shall be approved by the Buildings and Grounds Manager and shall be checked routinely to ensure they are operational.

V. Buildings and Grounds Construction Safety
Buildings and grounds shall be designed, constructed, equipped, and maintained in a manner that is designed to provide safe access to and a safe environment for clients/participants, staff, and visitors.
A. During all phases of construction or alterations of buildings and grounds, the level of safety shall not be diminished in any occupied area. The construction shall be in compliance with all applicable federal, state, and local codes.
B. New construction shall comply with Iowa Code Chapter 104A and all applicable federal and local codes and provide for safe and convenient use by handicapped individuals.


Written by: Dorothy Tschopp, P.P.C.  Effective date: 9/79
Authorized by: George Belitos, Executive Dir.  Revised: 1/83/DT; 6/83; 6/87/DT; 8/89/DT;
Approved by: Board of Directors 4/24/12  6/94/DT; 6/02/Facilities Risk Mgt; 10/05/MT;
7/08/CB; 4/09/MT; 8/09/GJ; 10/10/AA; 7/11/AA; 3/12/JH
Gun/Pistol/Rifle/Deadly Weapons Policy (YSS AD)

(Below is a Youth and Shelter Services (YSS) Administrative Directive (AD) which YSS staff must follow. While sub-contracted agency staffs are encouraged to follow the policy and practice described, they should consult with their employing agency for direction.)

YOUTH AND SHELTER SERVICES ADMINISTRATIVE DIRECTIVE
TITLE: GUN/PISTOL/RIFLE/DEADLY WEAPONS POLICY

PURPOSE: To establish policy with respect to acquisition, ownership, possession or accessibility to guns, pistols, revolvers, ammunition or other deadly weapons by clients/participants.

To establish policy which prohibits the possession of firearms and deadly weapons in YSS facilities by staff, volunteers, and others under contract with YSS.

POLICY: YSS staff, volunteers, and others under contract with YSS shall safeguard all YSS clients with respect to acquisition, ownership, possession or accessibility to guns, pistols, revolvers, ammunition or other deadly weapons. Possession of firearms or other deadly weapons is prohibited in all YSS facilities.

YSS residential clients shall not be permitted ownership or possession of such weapons.

No person affiliated with YSS shall sell, loan, give or make available a shotgun, pistol, rifle or ammunition to an YSS client.

Law enforcement will be requested to remove their firearms before entering YSS facilities. However, in extreme emergencies, as when disarming any person(s) who have brought weapons into an YSS facility, YSS staff will not request law enforcement to remove their firearms.

PROCEDURES:
1. All sharp knives, sharp scissors or other equipment which may be utilized in the residential facilities or offices of YSS shall be kept in locked closets, drawers or offices.
2. YSS staff, volunteers, or others under contract with YSS, are prohibited from having a firearm or other deadly weapon on YSS property at any time.
3. Foster parents shall keep all guns, pistols, revolvers, ammunition or other deadly weapons under lock/key and inaccessible to foster youth.
4. Residents shall not bring guns, rifles, pistols, ammunition or other items that may be used as weapons into the program's facilities. If a client has in his/her possession any of the aforementioned items, the staff responsible for intake/orientation shall immediately place article in locked closet or drawer, log the incident, and bring it to the attention of the Director/Designee, who shall have responsibility for disposal of same.
5. A sign will be posted in each facility stating that no weapons may be brought on the premises.
6. Law enforcement officials shall be notified regarding this policy.

Authorized By: George Belitsos, Chief Executive Officer   Effective date: 4/88
Written By: Dorothy Tschopp, P.P.C.   Revised: 12/92/TJ/DT
Approved By: Board of Directors 5/27/08   Reissued 3/95; Revised: 2/02/GJ; 4/08/KA
Reviewed 1/11/11/AA
Self Injury/Mutilation and Suicide Indicators and Intervention Policy (YSS AD)

(Below is a Youth and Shelter Services (YSS) Administrative Directive (AD) which YSS staff must follow. While sub-contracted agency staffs are encouraged to follow the policy and practice described, they should consult with their employing agency for direction.)

YOUTH AND SHELTER SERVICES ADMINISTRATIVE DIRECTIVE NO. 52.35

TITLE: Self Injury/Mutilation and Suicide Indicators and Intervention Policy

PURPOSE: To provide guidelines for YSS staff to effectively detect, prevent, and manage self-injury/mutilating and suicidal behavior in participants.

POLICY: It is the responsibility of all staff to be aware of the potential for self-injury/mutilation and suicide with participants and to respond appropriately to any verbal or behavioral indicators.

All programs are required to address self injury/mutilation and suicide indicators within Program Specific Manuals using the following guidelines. Participants will be monitored and screened according to the specific program manuals. If self-injury/mutilation and/or suicide intent or intention is reported or observed, documentation must indicate if the plan is believable, capable, and immediate.

I. DEFINITIONS

Collaborative Parties: These individuals must be involved in the development of a safety plan: may include but not limited to the assigned staff, master’s level and/or licensed mental health professional, supervisor, parents/guardians, and referral worker.

Contract for Safety: A written contract, within a Safety Plan, between the staff and participant detailing or describing specific things that the participant will do to keep safe.

Safety Plan: A standardized plan that addresses the participant’s coping strategies and resources to call upon for safety; a contract for safety; YSS’s behavioral interventions for safety; future case planning and/or discharge; identification of collaborative parties.

Immediate Risk: Risk level when an individual has a plan that is believable, capable, and immediate.

Incident Report: YSS documentation of a serious event involving a YSS participant/staff/volunteer (see Admin Dir 52.21–Incident Reporting). An Incident Report is completed at onset of self-injury/mutilation or suicidal thoughts/behaviors and anytime there is an increase in severity or frequency.

Risk Screening: A standard set of questions that staff complete with a participant to evaluate the level of suicidal risk.

Increased Risk Periods: Time periods when the potential for self-injury/mutilation and/or suicide are increased.

Self-Injury/Mutilation: Behavior damaging to oneself but not necessarily with the intention of resulting in death.

Suicidal Act: The self-infliction of injury with varying degrees of lethal intent and awareness of motive.

Attempted Suicide: A suicidal act with a non-fatal outcome.

Completed Suicide: A suicidal act that results in death.

II. RISK SCREENING
Participants should be screened for self-injury/mutilation or suicide risk level during intake/assessment and any “Increased Risk” periods.

**Intake**
At intake or the initiation of services if the participant answers “yes” to the question, “Have you ever thought about hurting yourself?” the staff shall gather more information and consult with their Supervisor or Designee(s). To assist in the gathering of information a risk screening should be completed as outlined in the Individual Program Manual.

- If suicidal/self-harm ideation is present, then the staff present need to complete a safety plan and an incident report in consultation with their Supervisor or Designee(s). If client/participant has a history of suicidal attempts or ideation staff needs to consult with Supervisor or Designee(s) and develop a safety plan.

**Increased Risk Periods**
Any time a client/participant presents with these indicators or verbalizes suicidal/self-injury thoughts, the staff shall gather more information and consult with their Supervisor or Designee(s). To assist in the gathering of information a risk screening may be completed at the discretion of the Supervisor or Designee(s). As outlined in the Individual Program Manual.

“Increased Risk” periods include:
- The first 24 hours after admission into a residential program. Being in a new setting can trigger the start of all types of behavior/emotions: depression, fear, anger, embarrassment, paranoia, isolation, and desperation.
- After a participant has used drugs or alcohol. Feelings of being invincible, possibly coming down and withdrawal.
- After a personal loss (i.e., death, parental divorce/separation, change in job or health status, change in self-esteem). Hearing news of a relative or friend’s death or a tragic incident could cause the participant to feel hopeless and blame him/herself.
- After it appears there are changes in mental health status.
- Before or after a court appearance or while awaiting placement. A participant might be apprehensive about what will happen in court or angry about a court decision. A participant might become upset or agitated while he/she awaits placement.
- Prior to release. A participant is upset about leaving the known and going to the unknown, feelings of no control. Self-injury/mutilation and suicide are something he/she can control.
- After a restraint/physical management. After a participant has cycled through the crisis cycle (MANDT), the participant might become more depressed and withdrawn, increasing the likelihood of self-injury/mutilation or a suicide attempt.
- After disclosure of abuse. This may be a volatile time since the participant finally disclosed abuse. Feelings of increased fear since the disclosure or increased anxiety about divulging the identity of abuser may trigger self-harm feelings.

Some examples of warning signs:
- Isolates him/herself
- Says and/or acts depressed
- Talks of suicide, even jokingly
- Attempted suicide before
- Family member or significant person has committed suicide
• Loss of interest in activities, school, etc.
• Loss of interest in appearance
• Tattoos themselves
• Prepares for death by writing good-bye letters or a will
• Gives away possessions

Preoccupied with death or dying
• Exhibits changes in usual behavior, aggressive, agitation, or high anxiety
• Exhibits change in academic performance
• Trouble eating and/or sleeping
• Psychosomatic complaints
• Takes unnecessary risks
• Calm after periods of depression
• Can’t stop the pain
• Can’t think clearly
• When staff members observe any of the warning signs, they will speak to the participant to gather more information to better understand what is occurring with the participant or possible reason for the behavior which he/she is exhibiting.
• Ask if the participant is thinking about hurting him/herself. If yes, gather more information and consult with a Supervisor or Designee.
• Follow the corresponding Program Manual for the identified risk level.
• If a participant displays the intention or attempts to kill self, staff shall intervene immediately as outlined in the Individual Program Manual.

III. INDICATORS AND POSSIBLE INTERVENTIONS

Non-Existent Risk Indicators
• Participant has never self-injured/mutilated or attempted suicide and has no plan for doing so now.
• Participant has no family history of self-injury/mutilation or attempted suicide.
• Participant has no friend/peer history of self-injury/mutilation or attempted suicide.

Low Risk Indicators
• Participant indicates s/he has not thought about self-injuring/mutilating him/herself or suicide within last 30 days.
• Participant has a family history of self-injury/mutilation or attempted suicide.
• Participant has one or more friend/peer who has a history of self-injury/mutilation or attempted suicide.

Low Risk Interventions
Could include but not limited to:
• Have participant participate in normal daily routine.
• Monitor participant for any changes or warning signs.
• Be alert to “Increased Risk” periods.

See specific program manual for appropriate interventions
Medium Risk Indicators

- Participant does not present with an immediate risk of harm.
- Participant indicates he/she has thought about self-injury/mutilating him/herself and/or suicide within the past 30 days.
- Participant has intentionally self-injured/mutilated him/herself as a coping strategy at the program site.
- Acts such as eraser burns, superficial cutting, scraping, bruising, head-banging, piercing, and tattooing.
- Participant displays warning signs of self-injury/mutilating or suicidal.
- Participant has no current plan to commit suicide.
- Participant has history of attempted suicide that required medical attention by a physician, licensed mental health professional, or a visit to the hospital.

Medium Risk Interventions

Could include but not limited to:

- Have participant participate in normal daily routine.
- Speak with participant to find out what life events are causing these thoughts/behaviors.
- Develop a Safety Plan to address the risks identified.
- Communicate with others involved (Parents, JCO, DHS, Coworkers, etc.).
- Consult with Supervisor or Designee.
- Incident Report completed at onset of self-injury/mutilation or suicidal behaviors and when behaviors increase in severity or frequency. Document in session note also.
- Revise treatment plan to address self-injury/mutilation or suicidal risk.
- If participant is not currently meeting with a Mental Health Counselor, refer the individual.

When 24 hour supervision is available:

- Increase supervision and document.
- Keep the participant involved in activities and not alone. He/she should not be allowed to isolate themselves in any room where he/she would be alone.
- Monitor the participant for any changes in behavior/thoughts or warning signs. Check these out immediately by asking appropriate questions.
- Monitor what objects are in his/her possessions. Search the room and program site and remove possible harmful items.
- Be alert to “Increased Risk” periods.
- When 24 hour supervision is NOT available, staff will need to refer to their specific program manual to determine whether the participant is appropriate for the program at this time.
- Be alert to “Increased Risk” periods.
- See specific program manual for appropriate interventions.

High Risk Indicators

- Participant displays warning signs of self-injury/mutilating or suicide.
- Participant has a history of attempted suicide that required medical attention by a physician, licensed mental health professional, or a visit to the hospital.
- Participant indicates he/she is currently thinking about suicide.
- Participant has a plan for carrying out the suicide. However, the ability to carry out the suicide plan is not believable, capable, or immediate.
High Risk Interventions
Could include but not limited to:

- Speak with participant to find out what life events are causing these thoughts/behaviors.
- Communicate with others involved (Parents, JCO, DHS, Coworkers, Administration On-Call, etc.).
- Consult with Supervisor or Designee to determine the most appropriate intervention. Interventions may include managing the participant in this facility or level of care, arranging for psychiatric evaluation, or hospitalization.
- Incident Report completed at onset of self-injury/mutilation or suicidal behaviors and when behaviors increase in severity or frequency. Document in session note also.
- If it is determined that the participant can be safely managed, a safety plan shall be written by the staff member in collaboration with a Supervisor or Designee.
- Revise treatment plan to address suicide risk.
- If participant is not currently meeting with a Mental Health Counselor, refer the participant and follow-up to insure the participant attends the session.

When 24 hour supervision is available:

- Maintain visual observation and document the time periods. When out of visual contact, visual checks every 15 minutes (i.e., bathroom, shower). When participant appears to have been sleeping for more than one (1) hour, visual checks can be every 30 minutes with written documentation for each check.
- Search rooms, including bedrooms, to remove harmful items. If determined that the participant must be taken to the hospital, the participant must remain in staff sight.
- If a participant is transported to the hospital but not admitted, the participant shall be returned to the facility and a safety plan shall be developed (see definitions above).
- It might be appropriate to keep from recreation, 12-step meetings, or other off-site activities based on issues of lethality, plan, safety, etc.

When 24-hour supervision is not available:

- Refer to a higher level of care, such as a hospital.
- If determined that the participant must be taken to the hospital, the participant must remain in staff sight.
- The participant shall be returned to the facility and a safety plan shall be developed.
- After the suicide risk level has decreased, staff member(s), working with the participant need to follow-up with the participant and family indefinitely for six months.
- Maintain constant visual observation and document the time periods. When out of visual contact, visual checks every 10 minutes (i.e., bathroom, shower). When participant appears to have been sleeping for more than one (1) hour, visual checks can be every 30 minutes with written documentation for each check.
- Keep participant out of his/her room. Lock his/her bedroom when not in use, if possible.
- Allow only minimal possessions, search room, and remove harmful items.
- If a participant is transported to the hospital but not admitted, the participant shall be returned to the facility and a safety plan shall be developed.
- Always document the risk level in the communication log book.
- Always document conversations in the Incident Report and the communication log.
- It might be appropriate to keep from recreation, 12-step meetings, or other outside-of-the-house activities based on issues of lethality, plan, safety, etc.
- Staff members, working with participant(s) at this risk level, need to follow-up with their supervisor to process the situation.
Immediate Risk Indicators
- Participant seems to be increasingly stressed, agitated, exhibits abnormal and erratic behavior, shows that he/she is unable to control him/herself.
- Participant verbalizes suicide and intent, reporting a specific plan as well as taking some form of furtherance of that plan.
- Participant is actively harming him/herself with the intent of killing him/herself.
- Participant indicates that he/she is suicidal by not only verbalizing their intent, but also by reporting a specific plan and taking some form of furtherance on their plan which places the participant or others at immediate risk.
- If the safety plan of a high risk participant is no longer manageable and a participant is engaging in behaviors which could result in the death of him/herself or others.

Immediate Risk Interventions
Could include but not limited to:
- Call 911 and utilize local law enforcement personnel to ensure immediate safety of the participant and others.
- Always document the risk level in the participant’s session note or behavior observation.
- Communicate with others involved (Parents, JCO, DHS, Coworkers, Administration On-Call, etc.).
- Consult with Supervisor or Designee.
- Incident Report completed, including documenting conversations with other individuals involved.
- After the suicide risk level has decreased, staff member(s), working with the participant, need to follow-up with their supervisor to process the situation.
- See specific program manual for appropriate interventions.

IV. HOSPITALIZATION
Participants who are at immediate risk for suicide or harm to others will be taken to the nearest emergency room for psychological assessment by calling 911 and utilizing law enforcement personnel. Service Directors/Desigenees have the primary responsibility for determining if and when a YSS participant is referred for evaluation and hospitalization. In a medical emergency or acute psychiatric emergency, the staff member and participant may go immediately to the nearest emergency room for evaluation/assessment. Staff will inform the Director/Designee as soon as possible. An Incident Report will be completed to insure all appropriate parties have been contacted regarding the incident.

Procedures
Could include but not limited to:
- Referrals for the Emergency Mental Health Assessment are either:
  - Voluntary – Participants sign themselves into the hospital for evaluation/treatment.
    - When a participant is under age 18 it is preferred a parent and/or guardian be physically present throughout the process when possible.
  - Staff must receive or facilitate authorization from the legal guardian (if participant under 18).
  - The staff member notifies or facilitates communication with the parents/guardian and referring worker and the hospital. If the parent/guardian agrees and the participant agrees, the parent/guardian will accompany the participant whenever possible to the hospital for assessment.
  - Only the person with primary guardianship may sign the participant into the hospital.
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- Staff member will be available whenever possible to join him/her and parent/guardian at the hospital to assist with and advocate for the participant during the assessment process.
- Involuntary/Court Ordered – In order to court order an individual to the hospital for assessment, the staff member notifies the parents/guardian/emergency contact, and referring worker (when applicable) of the recommendation. The staff will then file an application for order of involuntary hospitalization under Chapter 229.6.

Proceedings for the involuntary hospitalization of an individual may be commenced by any interested person by filing a verified application with the Clerk of the District Court of the county where the respondent is presently located, or which is the respondent’s place of residence. The clerk, or the clerk’s designee, shall assist the applicant in completing the application. The application shall:
  - State the applicant’s belief that the respondent is seriously mentally impaired.
  - State any other pertinent facts.

Be accompanied by:
  - A written statement of a licensed physician in support of the application; or
  - One or more supporting affidavits otherwise corroborating the application; or
  - Corroborative information obtained and reduced to writing by the clerk, or the clerk’s designee, but only when circumstances make it infeasible to comply with or when the clerk considers it appropriate to supplement the information supplied pursuant to, either paragraph “a” or paragraph “b” of the State Code.

Procedures to Admit
- In the case of a medical or acute psychiatric emergency, the participant will be transported to the emergency room for assessment. If safety is a prominent concern, emergency personnel should be called for assistance and to provide transportation.
- If, after consulting with hospital staff, admission is approved, inform the hospital staff of any other special concerns regarding the participant, such as elopement risk.
- The person who has custody will sign a release of information so that information can be shared between YSS staff and hospital staff. The person with custody must sign the patient into the hospital and make a copy of a court order available.
- A YSS staff member will be available to accompany the participant to the unit to: (1) help the participant deal with the feelings, anxieties, and fears of being in a hospital unit; (2) provide reliable admission information to the hospital staff on duty; (3) if possible, the staff member should deliver copies of medication logs and other pertinent information. If not possible, the information should be faxed by the appropriate facility staff immediately.

Follow-Up Procedures
- The Supervisor or Designees will follow-up with a call to the hospital staff to review the case and determine future YSS involvement.
- A designated YSS staff member will be available for phone consultation or hospital staffing to help assist in discharge planning back to the YSS program.
- Continued communication with parent/guardian and JCO/DHS is expected, as well as documenting all conservation on the Incident Report.
- Unless the participant has been discharged from YSS, the assigned staff will continue their involvement with the participant as determined appropriate by Supervisor or Designee.
When the participant returns to a YSS program/facility, make sure to acquire documentation from the hospital that states the participant is appropriate to return to the YSS facility and is no longer at an immediate risk to self-injure/mutilate or attempt suicide.

- YSS staff completes Safety Plan with the participant in consultation with the supervisor or designee.
- YSS staff discusses whenever possible concerns directly with the participant and their family.

V. SAFETY PLAN

A safety plan should be completed in consultation with the staff’s supervisor/designee during any increased risk period. It should include:

- Specific coping skill the client/participant should use should they feel like harming themselves.
- Specific resources the client/participant should use if they feel like harming themselves.
- A specific YSS contact or therapist phone number where client/participant can speak with someone should they feel like harming themselves.
- A plan that should be signed by client/participant and parent(s) if available.
- A plan that would include specific steps to be taken and who is to complete these steps should risk factors return that pose an imminent risk to the client/participant.
- A copy of the safety plan should be given to the client/participant.
- A safety plan is to be reviewed at every session to ensure compliance and to monitor any possible changes that may need to be made to the plan.

Written by: Andrea Dickerson  
Effective Date: 2/23/2010; 7/10/JH; 3/11/JH

Authorized by: George Belitsos, Chief Executive Officer

Approved by: Board of Directors: 4/26/2011

Statement of Client/Participants Rights and Responsibilities (YSS AD)

(Below is a Youth and Shelter Services (YSS) Administrative Directive (AD) which YSS staff must follow. While sub-contracted agency staffs are encouraged to follow the policy and practice described, they should consult with their employing agency for direction.)

YOUTH AND SHELTER SERVICES ADMINISTRATIVE DIRECTIVE

STATEMENT OF CLIENT/PARTICIPANTS RIGHTS AND RESPONSIBILITIES

I. PURPOSE OF THIS STATEMENT:

The purpose of this statement is to inform clients/participants of their rights and responsibilities while participating in the services of YSS.

Though some aspects of this statement specifically pertain to certain programs, overall, these rights are assured regardless of which program is utilized.

This statement should be made available to all clients/participants prior to or at the initiation of service delivery and annually for persons served in a program more than one year. The conditions of this statement will be followed by all paid and volunteer YSS staff.

II. CLIENT/PARTICIPANT RIGHTS
1. **Right to Choose to be Here:**

YSS will not force a client/participant to accept a service, a specific component of a service, treatment or medication. Refusal will be documented in the client's/participant's case file. Clients/Participants who refuse any service will be informed of the consequences of refusal. If the client/participant refuses medication, parents or guardian and referral worker (if appropriate) will be informed. Clients who are under a court order for YSS services are required to participate in services as ordered by the court. Services that are considered voluntary allow clients/participants to have a choice to either enter the program of their own free will, or decide not to be involved in the services offered.

Client/participant fees or fundraising sources will be discussed with clients/participant and/or client’s/participant’s family by staff at admission.

Outpatient hours for service are by appointment only as scheduled by the office and the staff, with help lines answered on a 24-hour basis. Phones are generally answered Monday through Friday from 8:00 a.m. to 5:00 p.m., except holidays. Hours and appointment times may vary at other YSS locations.

When a client/participant enters a YSS service, all program rules, procedures, agreements and/or individual contract, and required participation in specific activities will be clearly reviewed.

Depending on individual situations and the program, this may include a certain number of counseling sessions, classes, psychosocial assessment/evaluation, a certain length of stay, physical exam, urinalysis, professional evaluation, etc. Client/participant will be informed of the consequences for violation of certain program rules. All consequences for rule violations are up to the discretion of the counselor or program coordinator. Also, the confidentiality policy will be explained and "Consent of Release of Information" forms will be signed.

2. **Right to be Treated with Respect:**

It is the philosophy of Youth and Shelter Services, Inc., that the client/participant and parents/guardians should be treated with courtesy and respect. Clients/participants will not be discriminated against on the basis of race, creed, color, religion, sex, gender identity, national origin, ethnicity, sexual orientation, physical or mental disability.

3. **Right to Provide Input into Treatment/Service Plan:**

YSS clients/participants will be an integral part of the treatment team. His/her feedback will be utilized to assist in the development of the treatment/services plan. This will facilitate his/her investment in the desired treatment outcome. Upon completion of the plan, the client/participant will be required to sign the document. The client/participant has a right to request a written copy of his/her treatment/service plan. Each treatment/service plan is reviewed and updated according to individual program licensure standards.

4. **Right to NO Verbal, Sexual, or Physical Abuse:**

Clients/Participants will not be verbally, sexually, or physically abused by any staff member or volunteer at YSS. Clients/Participants will not be physically restrained by locking them in a room. All facilities are open and unlocked except to keep intruders from coming in at night.

Clients/Participants will not be physically restrained by a YSS staff member unless they are attempting to physically hurt someone or themselves. Staff will follow the MANDT restraint system. See Administrative Directive 52.37 - Physical Intervention/Protection from Harm Policy.
In turn, it is the client's/participant’s responsibility to not verbally, sexually, or physically abuse others in the program or the YSS staff. Should a client/participant violate this responsibility, it will jeopardize his/her further participation in YSS programs. Charges may also be filed with law enforcement.

5. Right to Privacy:

Clients/participants have the right to privacy in treatment, including the right not to be fingerprinted, photographed or recorded without consent.

Clients/participants have the right to refuse to acknowledge gratitude to the agency through written statements, other media, or speaking engagements at public gatherings.

Incoming/outgoing mail will not be opened or censored by YSS staff members.

Room and clothes may be searched on a periodic basis when staffs believe contraband may be present in the residential facility. Items will be put back in the place in which they were found.

YSS staff may also search client/participant belongings.

Staff may (with good cause, and only after the client/participant has been told the reason) search person, wallet or purse. Only female staff may search women and only male staff may search men.

See Administrative Directive 52.38 - Client/Person/Property Searches

When there are outside visitors to YSS facilities, clients/participants have the right to know the nature of their visit. Further, clients/participants have the right to not meet with outside visitors unless it is someone directly related to the client's/participant’s situation and its solution.

Photo identification of visitors or parents/guardians may be required.

6. Right to See Parents:

Clients/participants will not be punished by preventing visits from parents unless so stated in a court order or injunction. Parents will be encouraged to schedule visits during visiting hours.

Parents or guardians have the right to restrict clients/participants from having certain visitors (excluding immediate family members), except for clients/participants receiving chemical dependency services or when a youth places him/herself in treatment.

Photo identification of visitors or parents/guardians may be required.

7. Religious Freedom:

YSS does not endorse or engage in religious activity or instruction as part of its programming. When YSS staffs are providing authorized services to youth and families, every client/participant will be allowed the right to practice and participate in the religious faith of his/her choice, free from coercion by the agency.


8. Right to Information:

Personal information about the client/participant will be held strictly confidential and may be shared only between YSS staff, volunteers, and YSS consultants. Confidential information may be shared, when necessary, with individuals outside YSS when the client/participant has signed an agreement to release the information, or when YSS has a special agreement signed with another agency requiring that agency to not re-disclose the information.
The client/participant has the right to read any written material (for which they have signed a release) about the client/participant, which goes out from YSS to another individual or agency. See YSS Administrative Directive 52.1 regarding Confidentiality Policy and Maintenance of Records.

9. Right to be Heard and Express Criticism:
YSS recognizes that the client/participant is a unique individual with his/her own unique attitudes, ideas, and beliefs. This means that the client/participant may not always agree with our decisions. We thoroughly respect the client’s/participant’s right to disagree with us.
The client’s/participants constitutional rights will not be violated and we will attempt to protect his/her rights.

10. Right to File a Grievance:
Before the client/participant or parent/guardian exercises his/her right to file a grievance, he/she must have first made a genuine effort to resolve the disagreement with the staff member involved. Filing a grievance will not result in retaliation or barriers to services.

Clients/participants or parents/guardians have the right to be heard and to appeal a decision of a staff member. Clients/participants may file a grievance under any of the following circumstances:

A. If they feel a program rule is unfair, they may ask that it be reconsidered.
B. If a staff member, in their opinion, is being unreasonable in his/her treatment.
C. If the clients/participants believe their rights under this document are being violated.
D. If the clients/participants consider that previously described rules and agreements are not being followed by staff.
E. If the clients/participants feel that a staff member has treated them unfairly or unjustly.
F. If the clients/participants believe their constitutional rights have been violated.

PROCEDURES FOR FILING A GRIEVANCE:
Younger clients/participants might consider getting help from their parents/guardians or a trusted friend in writing up their grievance. Also, they have the right to choose an advocate to represent them. This might be a person from either inside or outside YSS. The grievance must be either written or electronically recorded.

The written or electronically recorded grievance must be in the following outline:

A. Statement of complaint.
B. Efforts to resolve disagreement with counselor.
C. Reason the client/participant feels unfairly treated.
D. What the client/participant proposes as a solution.

Step #1: The client/participant must first have made a genuine effort to resolve the disagreement with the staff member or counselor involved.
Step #2: If the grievance filed with the staff or counselor proves unsatisfactory, the client/participant may choose to state the concerns in writing to the Director or designee. The Director or designee must respond in writing to the client/participant within ten working days of the grievance.
Step #3: If Step #2 also proves to be unsatisfactory, the client/participant may appeal in writing to the Chief Executive Officer (CEO). The Human Resource Manager will investigate the grievance and
will present the findings to the CEO. The CEO's response must be made to the client/participant, in writing, within ten working days following the filing of the grievance. The response from the CEO shall be final.

11. Right to Terminate from the Program:
Should the client/participant wish to leave services, a written or electronically recorded request should follow this outline:

A. Statement of desire to terminate and reasons.
B. What has been tried to solve the concerns he/she has with the program.
C. How long he/she has had these problems and/or concerns and how they came about.
D. Under what conditions the client/participant would continue to stay in the program.
E. What the client/participant wishes to do and where he/she wants to live if the request is approved.

Step #1: The request is submitted to the Director or designee for consideration. The Director or designee must respond in writing to the client/participant within ten days of the request to terminate from the program.

Step #2: If Step #1 proves to be unsatisfactory, the client/participant may appeal in writing to the Chief Executive Officer (CEO). The CEO’s response must be made to the client/participant in writing, within ten working days of making the appeal. The response from the CEO shall be final.

When a client/participant is court-ordered to services, their rights to terminate from the program are determined by the court and supersedes the client’s/participant’s or YSS’s decision.

12. Right to Legal Counsel
The client/participant has the right to an attorney to represent them and to have access to that attorney. The client/participant will not be restricted at any time from contact with an attorney, but will be encouraged to make calls/visits with their attorney during posted phone/visiting hours.

13. Right to Receive Critically Needed Care for a Short Period of Time:
If there are circumstances in which payment for services are interrupted or terminated, YSS staff and supervisor will review whether this creates a critical situation for the client/participant. If such a critical situation appears likely, YSS will assume responsibility to provide critically needed care for a short period of time or until other arrangements can be made for services.

14. Right to Quality Services:
YSS staff shall provide services and make referrals in a manner which involves integrity in decision making and freedom of choice for consumers and shall prefer professional responsibilities over personal interests.

YSS staff shall tailor services to meet the unique needs of special populations. Special populations include those individuals who may be, but not limited to minorities, homeless, dual diagnosis, pregnant or parenting youth, GLBTQ, juvenile offenders, developmental disabilities, and drug affected children.

After the screening/assessment, YSS staff will inform consumers of other appropriate service providers. YSS staff will never accept payment or other consideration from another provider of services for making referrals to them. YSS shall never offer payment or other consideration for making referrals to YSS.
III. CLIENT/PARTICIPANT RESPONSIBILITIES

All persons requesting services from YSS are expected to assist in the provision of these services by:

1. Providing information that is necessary to ensure proper assessment and treatment.
2. Participating in treatment/service planning and following agreed-upon plans.
3. Signing releases and other paperwork necessary for services.
4. Treating other clients/participants and staff members in a respectful manner.
5. Refraining from bringing alcohol, drugs, tobacco products, or weapons onto agency property.

Written by: Dorothy Tschopp, P.P.C.  Effective Date: 2/79
Authorized by: George Belitsos, C.E.O.  Revised 5/81; 7/84; 6/85; 6/86/DT; 7/94/DT;
Approved by: Board of Directors 10/27/09  2/96/CB; 8/99/RM; 7/00/TS; 7/02/TJ; 1/05/KA;
                        2/08/KA; 4/08/KA; 8/09/JH +Reviewed: 05/2011/TLP QI
Tobacco Policy (YSS AD)

(Below is a Youth and Shelter Services (YSS) Administrative Directive (AD) which YSS staff must follow. While sub-contracted agency staffs are encouraged to follow the policy and practice described, they should consult with their employing agency for direction.)

YOUTH AND SHELTER SERVICES ADMINISTRATIVE DIRECTIVE

TITLE: TOBACCO POLICY

PURPOSE: The purpose of this policy is to protect YSS staff and program participants from the devastating health, social, environmental, and economic consequences of tobacco consumption and exposure to secondhand smoke. The ultimate goals of this policy are 1) to reduce continually and substantially the prevalence of tobacco use by YSS staff and program participants leading to 100% tobacco-free employees and participants, 2) To establish a "wellness" and science-based prevention program that identifies tobacco use as being addictive and injurious to everyone’s health, 3) To promote tobacco prevention and cessation programs, and 4) To establish YSS facilities, owned or leased vehicles, properties, YSS meetings and events, and training rooms as tobacco-free areas.

POLICY AND PROCEDURE:

1. Facilities:
   YSS will promote a tobacco free lifestyle through its prevention, education, and treatment programs. To underscore this wellness philosophy, it will be YSS policy to observe a tobacco-free environment within all YSS facilities, on YSS-owned or leased property, and in all YSS-owned or leased vehicles. YSS clients/participants under age 18 may not use tobacco in accordance with the law.
   YSS will observe and promote the Smoke-Free Air Act of 2008, which eliminates smoking in workplaces such as YSS. Staff or visitor violations of the Act should be reported to the Youth and Shelter Services CEO or designee. Complaints or questions regarding the law may also be called into the Iowa Department of Public Health Smoke-Free Helpline 1-888-944-2247, or at the following website, www.iowasmokefreeair.gov.

2. Participants:
   YSS participants of all ages will be asked to not use tobacco products, especially those who are parenting or pregnant.
   All YSS participants will be offered tobacco-related educational materials.
   YSS participants under age 18 may not possess or use tobacco products. YSS shall also observe state law 98.2, Person Under Legal Age, which states in part that, "A person shall not sell, give, or otherwise supply tobacco, tobacco products, or cigarettes to any person under 18 years of age, and a person under 18 shall not smoke, use, purchase, or attempt to purchase any tobacco, tobacco products, or cigarettes.
   Violation is a simple misdemeanor and a child may be prosecuted in adult court and may be fined." Client violations of tobacco law may lead to referral to law enforcement.
   Participants will be held accountable in keeping with rules as outlined in the Program Manual. Educational presentations will be offered, as appropriate. Participants will be referred to Quitline Iowa, 1-800-784-8669, or at the following website: www.quitlineiowa.org.
3. Staff:
As of January 1, 2004, YSS will not hire new employees who use tobacco. Tobacco use will be self-reported by applicants on the YSS job application form in answer to the question, “Do you use any tobacco products?” Employment ads will include “YSS hires only tobacco-free employees.”

Current staff who use tobacco will be grandfathered into this hiring policy and procedure including those promoted from within. The use of tobacco products by staff (if the use takes place off the premises of YSS or during nonworking hours) will not be a factor in employment status or promotion.

Current YSS staff may receive assistance with cessation if they wish. YSS, in conjunction with a community agency that provides tobacco cessation programs, may offer a science-based cessation program for those staff who would like help with tobacco cessation. YSS may pay for a cessation medication or instrument (i.e., a patch, gum) for two months upon request to the CEO or designee. Staff will be encouraged to call Quitline Iowa.

4. Public Health Policy:
YSS is a tobacco-control organization which is committed to the prevention of tobacco use by adolescents, the cessation of tobacco use by adults, and the elimination of secondhand smoke in all public places. YSS will teach that nicotine is a deadly addictive drug which can cause cardiovascular ailments, cancer, asthma, emphysema, and other health related problems.

YSS may provide prevention and education programs in collaboration with other tobacco-control organizations in order to bring about changes in public health policy and build broad public consensus that tobacco use is not an acceptable social norm.

5. Visitors:
Visitors and parents in violation of this policy will be asked, with courtesy, to respect the tobacco-free policy. Subsequent violations may lead to a request that the visitor leave the YSS facility.

6. Posting:
The YSS Tobacco Policy will be posted on the staff intranet website and Employee Manual. The policy will be announced at meetings as appropriate. It will be written into all participant contracts and program manuals.
Youth Participation in Agency Sponsored Activities (YSS AD)

(Below is a Youth and Shelter Services (YSS) Administrative Directive (AD) which YSS staff must follow. While sub-contracted agency staffs are encouraged to follow the policy and practice described, they should consult with their employing agency for direction.)

YOUTH AND SHELTER SERVICES ADMINISTRATIVE DIRECTIVE NO. 52.19

TITLE: YOUTH PARTICIPATION IN AGENCY-SPONSORED ACTIVITIES

PURPOSE: To provide guidelines for agency-sponsored activities so that quality experiences for youth are set up in such a way as to protect both youth and agency personnel against personal and agency liability.

POLICY: All staff, interns, volunteers or any person under contract will adhere to these guidelines when in charge of youth engaging in an agency-sponsored activity.

DEFINITION: Activities - any experience in vocational, recreational, educational, and cultural areas which involve the youth in various program areas of Youth and Shelter Services, Inc. Youth, as defined in this policy, are those under 18.

Recreation Activities within YSS:

Recreation activities are an important and integral part of the various program areas of Youth and Shelter Services, Inc. The type and duration of activities will be outlined in each individual program's policies and procedures manuals in accordance with the procedures below.

PROCEDURES:

1. A parent and/or referral worker (when appropriate) must sign a permission statement for each youth going on an agency sponsored activity.
2. Program Enrollment Forms may include permission for activities and/or travel away from a program site.
3. Participation in activities which normally require parent presence (i.e., PG-13 and R-rated movies) are not acceptable activities for youth to attend with any staff, intern, volunteer, or person under contract. Exceptions to this rule can be made for therapeutic reasons by the Services Director or designee.
4. Activities planned for youth will utilize local resources as much as possible. Decisions on choice of activity must take into consideration cost of event, distance to activity, the availability of agency-owned vehicle, and budget constraints. All activities must have prior permission of the Services Director or designee.
5. Hazardous activities such as ballooning, motorcycling, skiing, hunting, horseback riding, rappelling, noncommercial flying, and swimming in areas without a lifeguard are not acceptable as YSS sponsored activities. Exceptions can be made with approval from both the Services Director and the CEO.
6. When driving either YSS vehicles or personal vehicles for YSS business, please refer to Administrative Directives 53.2 and 53.3.
7. See specific program manuals for further guidelines such as, client/staff ratios and overnight activities.

Written by: Dorothy Tschopp, PPC
Effective date: 5/80
Authorized by: George Belitsos, Ex. Dir.
Revised: 11/85/DT; 2/87/DT; 10/89/DT; 7/92/DT;
Approved by: Board of Directors 8/30/11
4/96/CB; 12/97/CB; 7/11/AA
ADMINISTRATIVE DIRECTIVE

MEDICATION ADMINISTRATION

PURPOSE: To establish guidelines for administering prescribed medications.

POLICY: Staff will properly control and administer medications for clients/participants in designated YSS programs. Staff will document the administration of medications and properly store medications. Staff who observe self-administration of medication shall follow the applicable guidelines below.

PROCEDURE:

A. Designated staff who will be responsible for handling/administering medication will complete the Medication Managers’ course appropriate for the program/facility.

B. Medications provided to clients/participants shall be dispensed only from a licensed pharmacist in the state of Iowa in accordance with the pharmacy laws in the Code of Iowa or from a licensed pharmacy in another state according to the laws of that state or by a prescribing professional. See prescribing professional definition in Administrative Directive 52.25 Prescribing, Purchase and Storage of Pharmaceutical Products.

C. All prescribed medications shall be clearly labeled indicating the client’s/participant’s full name; prescribing professional’s name; prescription number, name, and strength of the medication; dosage; directions for use; date of issue; and name, address, and telephone number of the pharmacy or prescribing professionals issuing the medication. Medications shall be packaged and labeled according to state and federal guidelines. Medication containers having soiled, damaged, illegible, or makeshift labels shall be returned to the issuing pharmacist/or prescribing professional.

D. All medications shall be stored in a locked staff-secured area. Controlled medications (Schedule II) shall be double locked. A bathroom shall not be used for drug storage. If the medication needs to be refrigerated, it shall be stored in a locked container within the designated refrigerated space, separate from food and other items, or in a refrigerator in a locked area, accessible only to staff in accordance with any program licensure standards. All potent poisonous or caustic medications shall be stored separately from other medications and shall be plainly labeled and stored in a specific storage area, accessible only to authorized persons.

E. All over-the-counter medications (aspirin, non-aspirin pain relievers, cough medicine, topical ointments, etc.) will be stored, dispensed, and documented according to specific program procedures. Clients/participants in most programs are not allowed to keep over-the-counter medication in their possession (see Program Manual).

F. Scheduled II Medications, per Program Manuals, must be counted and the count documented.

G. No prescription medications prescribed for one client/participant may be administered to, or allowed in the possession of, another client/participant.

H. Prescriptions will be filled only by a staff member or responsible agent.

I. Staff will communicate with the client and parents/guardians as applicable information regarding the medication and provide details verbally and/or in writing regarding the medication’s effectiveness, side effects, and allergic reactions. Counselors should check in with the client regarding the effectiveness of the prescribed medication or any adverse reactions.
J. After completing the documentation describing the medications and directions for usage, staff will ensure all medications are locked in the appropriate storage area.

K. It is the program staff member’s responsibility to administer or prompt self administration of medications in a timely manner as prescribed and outlined in the program manual.

L. Procedure when staff provides medication for clients to self-administers:
   a. Compare medication information with order.
   b. Read purpose, side effects, and warnings of the oral medication and share form with client/participant.
   c. Assure hand hygiene, put on gloves.
   d. Check the label on the medication container – making sure it corresponds with what is listed in the medication record when removing from supply.
   e. Recheck medication label when removing it from the container.
   f. Place solid oral medications in a medicine cup.
   g. Pour liquid medication correctly (shake if necessary, cap not contaminated, pour away from label, measure on a level surface at eye level).
   h. Prepare correct dosage of oral medications according to medication information sheet.
   i. Check medication label when returning container to supply or cart.
   j. Identify consumer by name, checked wristband, or with a third party.
   k. Explain procedure and provided privacy.
   l. Assemble equipment for administration of medication.
   m. Position consumer in a safe and comfortable position for swallowing oral medications.
   n. Observe consumer for any unusual conditions that should be reported prior to medication administration.
   o. Administer the correct medication.
   p. Administer medications at the correct time.
   q. Administer medications to the correct consumer.
   r. Administer medications via the correct route (swallowed, sublingual, dissolved in mouth).
   s. Provide liquids when appropriate to facilitate swallowing. Remain with consumer until all medication is swallowed.
   t. Remove and discard gloves.
   u. Replace remaining medication to locked medication storage.
   v. Record administration of medication.
   w. Clean and replace equipment/medication.
   x. Return to observe consumer.
   y. Record observations.

Note: Clients/participants who are parents may administer medication to their children. The medication will be properly stored and documented as outlined in this policy.

M. If adverse side effects occur, the client/participant will be referred back to the assigned prescribing professional, the parent contacted, and/or to the appropriate on-call Administrator.

N. If the client/participant refuses medication, the staff will address the issue with them, focusing on taking care of self and exploring possible reasons for refusal. Medical personnel, parents (guardians), supervisor/on-call staff, and/or referring worker will be notified as applicable. Refused medications will be documented according to specific program procedures.

O. Missed medications or medication dispensing errors shall be documented on an Incident and Accident Report form and the incident becomes a supervisory issue. Consultation with the prescribing professional and/or Medical Director may be necessary to assess the effects of medication errors and to determine how to resume administration.

P. When a client/participant is discharged, on pass, or leaves the YSS program location, medications currently being administered will be sent in the appropriately labeled pill bottles(s) or bubble wrap packaged by a licensed pharmacist or prescribing professional by the responsible agent supervising the
client/participant. This will be documented according to specific program procedures.

Q. Unused controlled prescription medications shall be returned to issuing prescribing professional by assigned staff for credit or destruction according to state law. Other unused prescription medication will be destroyed by YSS staff in the presence of a witness, as designated by the Service Director or designee. The destruction will be documented according to program licensing regulations.

Written by: Betty Boccella
Authorized by: George Belitsos, CEO
Approved by: Board of Directors 11/29/11

Effective date: 08/02
Revised: 12/06/JH; 7/08/JH; 9/11/JH;
1/15/BKM/JH
ADMINISTRATIVE DIRECTIVE

TITLE: Prescribing, Purchase and Storage of Pharmaceutical Products

PURPOSE: This policy provides guidance to qualified staff who are authorized by license, regulation, and state law to prescribe, purchase, and store pharmaceutical products.

POLICY: Prescribing is evaluating, determining what agent is to be used by and giving direction to a client/participant (or family/legal guardian), in the preparation and administration of a remedy to be used in the treatment of a disease. It includes a verbal or written order, by a qualified professional licensed to prescribe in the State of Iowa, that details what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

Prescribing medications and medication use especially for children and adolescents requires the judgment of the medical professional with training and qualifications in the use of the medications being prescribed. Any child or adolescent for which medication or immunizations is a consideration should first undergo a comprehensive evaluation. Medications should only be used when the benefits or such medication is indicated and deemed efficacious. Medication use is directed toward maximizing the functioning of the participant while reducing their specific symptoms and minimizing the impact of side effects.

Documentation supporting the need and the choice of medications and immunizations will be maintained in the client file.

Only medications approved by the Federal Food and Drug Administration for use in the United States may be used.

Medication use includes prescribed or sample medications, and may include over-the-counter or alternative medications provided to the participant served as part of the therapeutic/service program. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

Pharmaceutical products and medications will be ordered, accounted for, and stored ensuring safety and security of the products, as well as the safety of the clients/participants receiving the product.

DEFINITION: Prescribing Professional – An individual who can prescribe medications under Iowa state law by license, this includes physicians, dentists, physician assistants, and licensed medical practitioners.

PROCEDURE:

1. Prior to and/or in coordination with any request for medication management, a thorough assessment/evaluation will be scheduled with a counselor who gathers pertinent information which will assist the prescribing professional in determining the best course of action. It is encouraged and best practice that a licensed master’s level clinician conducts a full assessment prior to referral for a formal medication evaluation.

Nothing about us without us!
2. Effort is made to gather input from the clients Primary Care Physician regarding documented medical conditions, current medication regimens, and coordination of care. All clients are required to sign a ROI (Release of Information) to communicate with Primary Care Physician, Psychiatrist, or prescribing professional for previous or current medications and medical conditions.

3. Appropriate trained medical professionals conduct thorough screening of physical health prior to prescribing.

4. Efforts should be made to ensure medications are only one aspect of a more holistic approach to Behavioral Health Management. This effort will be documented in ongoing treatment plans, treatment plan revisions, and clinical notes.

5. The medical professional will conduct a thorough evaluation of behavioral health functioning and co-existing medical conditions and potential drug interactions. It is important to discuss with the client and parents, as applicable, the potential medication impact, how medications work, explore past medications, and determine side effects of past and currently prescribed medications, as well as the risks.

6. Prescribing professional, nurse, or staff will communicate with the client and parent/guardians, as applicable, information regarding the medication and provide details verbally and/or in writing regarding the medications effectiveness, side effects, and allergic reactions. Counselors should check in with the client at each session on the effectiveness of the prescribed medication or any adverse reactions. Medication will be evaluated at continued stay reviews at a frequency determined by each client’s level of care. Clinical reviews of medication and treatment efficacy will occur at least every 120 days.

7. Crisis calls regarding medication concerns are automatically referred to the Treatment Services Administrative on call team as outlined in the Residential Program Manual. The administrative team has access to a prescribing professional at all times. All documentation of consultation and correspondence with all parties will be recorded in the client clinical record.

8. Documentation: Client medications will be documented in the electronic records system (Essentials). All related behavioral health treatment documentation, medical records, prescriptions, physicals, vitals, immunizations, and phone correspondences will be documented. If disclosing or sharing information with outside parties (parents, PCP, hospitals, and other providers), all YSS staff should follow Federal Regulations on Confidentiality. YSS will document this in the ‘Disclosure” area of the Essentials system.

9. Storing Medications: The prescribing professional will occasionally provide sample medication for a client to use for a period of time to determine if the medication is appropriate for the client. If sample medications are to be kept on site, they will be stored in a secure, double locked location that will be inaccessible to clients in the building. Immunizations will be stored meeting all IDPH immunization program standards.

The following protocol will be used for storing/using sample medications:

- Sample medication will be inventoried as received, including date of receipt, person receiving, drug name, lot #, quantity, dosage, expiration date, and person dispensing.
- Sample medication will be inspected on a quarterly basis to account for all samples and to dispose of expired medications according to federal regulations. This inspection will be conducted by branch administration in a two person team and the outcome will be reported at the quarterly medical director meeting.
- When dispensing samples to clients the medications will be labeled with the information as identified in Administrative Directive 52.24.
• When dispensing samples to clients the following information will be documented in the clients file: medication name, dosage, frequency, route, form, date dispensed, and lot numbers.

10. The medical professional conducting physicals in designated programs will prescribe medications as needed for clients exhibiting symptoms when they are newly admitted into these programs. If medication is prescribed, the effects will be monitored closely by the attending staff in the program and the dosage will be reviewed regularly as the client makes progress in the program. All programs will take steps so that adequate (60 days) supplies of medications will be sent with the client at the transition to other programs or discharge from one program. YSS will not fill prescriptions for clients not in care. During transitions YSS makes referrals and encourages clients to link up to another prescribing professional of their choice. Exceptions can be made with prior authorization of the Medical Director.

11. The Medical Director (MD) will conduct a quarterly file audit of the clients who have been prescribed medication under the care of all contract and employees who are able to prescribe medications. The client’s electronic file will be reviewed for medication errors, drug reactions, and prescribing efficacy. The outcome of these reviews will be reported quarterly to the agency Quality Assurance Team.

12. See Administrative Directive No. 52.24 for details regarding Medication Administration.

Written by: Jason Haglund
Effective Date: 7/11/JH
Authorized by: George Belitsos
Revised: 8/13/JH; 1/15/JH
Approved by: Board of Directors 2/24/2015
Youth Trainings

L.I.F.E. (Living Inspired Fulfilling Expectations)

6 modules: Each session is set up for 90 minutes of youth training youth on the identified topics below. These sessions are youth-driven, interactive (experiential/hands-on) training with information being presented through discussion and games to help get the point across.

The six categories that can be requested include the following:

**Education/College/Trade:** We will focus on informing youth about the importance of going to college or starting a trade. Skills about how to “get into college” and tips for doing so will also be shared.

**Self-Care:** When exploring self-care, participants will be involved in an exciting group game that focuses on self-care and real-life situations. Youth will be able to use their creativity to problem solve common everyday issues.

**Social Relationships:** What does a healthy relationship look like? What are the differences between “wants” and “needs”? These and more questions will be answered as a description of what a positive relationship looks like is explained. Participants will reflect on what characteristics should exist in their own relationships such as honesty, love, respect and loyalty.

**Housing:** This session will provide participants with insight into what it is like to keep your own residence. Bills associated with housing are discussed and the difficulties associated with having your own place as well as the responsibility that comes with it are explored.

**B.S.A.F.E.**

- **B-**Birth Relationships
- **S-**Sibling Relationships
- **A-**Adoptive Relationships
- **F-**Foster Relationships
- **E-**Evolving Relationships

This training is intended to help youth, adults, and professionals explore the importance of the birth family, siblings, and other connections for the foster/adopted youth. In our desire to provide youth with safety and security, foster/adoptive parents and child welfare professionals have sometimes isolated youth from their families of origin, resulting in unnecessary additional struggles for youth upon reaching adulthood. This training will help foster/adoptive parents and professionals equip the youth to form their own realistic expectations for their relationships with birth family members, siblings, caregivers and future relationships by presenting youth with honest, age appropriate information.

Participants will learn the importance of encouraging AMP youth to develop relationships with mentors, teachers, foster parents and other adults in the community to become their future support system. In a power point presentation, this workshop will look at helping youth to identify important adults in their lives, consider ways to maintain family ties and how to search for their permanent connections. This training is meant to discuss the range of contact that a youth might have with birth family, reasons why many youth seek out their family of origin upon reaching adulthood, and how to maximize the healthiness of these past/present role plays by connections. AMP youth will be used to teach teens and adults how to engage in a conversation, putting youth in supporting the connections they charge of the process and choose.
AMP Operations Manual

Presenters: Adults affiliated with the AMP program (foster/adoptive parents, social workers and/or Council Facilitators who are alumni of care) and AMP members.
More Than My File

This workshop is designed specifically to help young people discover their strengths and the power of their influence. However, they cannot fully utilize their strengths and influence on their own -- they need professionals who are willing to assist AMP youth in focusing on their individuality, history, culture, and identity. The participants will learn how to motivate youth to be more involved and proactive in their destinies. Foster parents will learn that having positive working relationships with youth means looking beyond their file and getting to know them on a more personal level.

This workshop is designed to facilitate better understanding by foster and adoptive parents of who teens really are and what they bring into care; to facilitate a better working/living relationship between adults and teens. It can also help teenagers discover their strengths and help adults in their lives guide them. The individuality, history, culture, and identity of the youth are vital, as are the professionals in their lives motivating them when they can look past “The File.”

“Stories of Hope” Make A Game Activity, Scenarios Based on a Foster Child’s File, Characteristics of an Age Appropriate Teen, You Say/Child Hears Activity. The purpose of this game activity is to reinforce to adults what it is like for foster children to move from home to home, having to adjust to new rules and people. The game activity is run by the teens. The scenario based on files is used to help people understand what the information in a file leaves out and to help the adults brainstorm the skills they might need to deal with each youth. Other activities are more or less what the name suggests.

Intended audience—foster parents, social workers and advocates are the main intended audience; youth would be welcome as well. No prior knowledge is necessary. Presenters: Adults affiliated with the AMP program (foster/adoptive parents, social workers and/or chapter facilitators who are alumni of care) and AMP youth members.

The School of Foster Care

Well-meaning educators sometimes assign tasks that are awkward, difficult or impossible for foster and adopted youth to complete. This session, co-presented by current and former foster youth, explores some school related issues, why youth struggle with them, and how to approach educators about making schools more sensitive to youth. Also included are alternative suggestions for traditional assignments. The participants will leave more aware of the challenges youth face in school and why these issues arise.

They will also understand why it is important that they advocate for youth in school and will leave with increased ability to work in cooperation with teachers and administrators to make classrooms more friendly to foster and adopted youth. Presenters: Adults affiliated with the AMP program (foster/adoptive parents, social workers and/or chapter facilitators who are alumni of care) and AMP youth members.

Preparing for Court

It is essential for youth's voices to be heard during legal proceedings. To effectively accomplish this, they need to be well prepared. This interactive workshop, which is co-presented by young people, will familiarize foster youth and foster parents with the court system, prepare them for court dates, and make them more confident when working with the legal system. They will learn appropriate etiquette as well as what is expected of them. Participants will learn how youth, social workers, judges, and lawyers can partner creatively. Foster parents will leave with an understanding that the system is there to protect them and the children they serve.

Presenters: One or more highly esteemed legal professionals from Iowa; one or more AMP Council Facilitators; and AMP youth.
Unleash Your Potential

This training is designed to help youth advocate for not only themselves, but also other youth who share similar backgrounds in the child welfare system. The need for change is best illustrated through sharing his or her personal story of hope. In order to do this effectively, some basic skills are essential. This training was created in order to teach youth some of those skills. Topics included in this workshop are public speaking skills, how to cater to your audience, what parts of your story to share, and the importance of sharing your story. It is important that youth are allowed to express themselves in ways they feel comfortable.

Throughout this workshop, our AMP youth will show the audience the various ways in which they share their own story, whether in hip-hop, art, public speaking, or other means of expression. This training is taught by two social workers who are also foster parents, in addition to the alumni and youth. Participants will explore different ways they feel comfortable expressing themselves.

AMP DVD’s, art, and other forms of personal stories will be utilized to give further examples of ways the youth stories can be shared.

This training is designed to help youth advocate for themselves as well as to bring about change in the child welfare system. The need for change is best illustrated through sharing his or her personal journey of hope. In order to do this effectively, some basic skills are essential. This training was created in order to teach youth some of those skills. Topics included in this workshop are public speaking skills, how to cater to your audience, strategic sharing, and the importance of sharing your story.

It is important that youth are allowed to express themselves in ways they feel comfortable. Throughout this workshop, our AMP youth will show the audience the various ways in which they share their own story whether in hip-hop, art, public speaking, or other means of expression.

By attending this training, we want youth to come away with the skills necessary to communicate effectively. We also want them to be comfortable sharing their personal experiences with others. This training is intended to increase youth self-esteem and create a positive attitude for advocacy. This training is also intended to help professionals and foster parents understand how important the youth’s story is and the variety of ways it can be expressed.

AMP Trainer Tips

- Be on time
- Be prepared
- Establish and explain ground rules
- Have necessary equipment (markers, flip chart, etc.)
- Have clear goals and objectives
- Dress comfortably but professionally
- Pay attention to time in relation to materials
- Use a clock
- Talk – don’t read
- Highlight key words/phrases
- Maintain enthusiasm/be creative
- Let people know their input is valued
- Have checks to assess that you are truly team teaching
- Use name tags/tents – call people by name
- Build trust within the group
- Use “I” statements
- Model positive listening skills, boundaries, respect for differences/values
- Encourage less active group members
- Be clear about expectations (breaks, reading, group activities, etc.)
- Give youth permission to pass
- Create and encourage a relaxed atmosphere
- Concentrate on the message – not the messenger (trainer)
- Don’t announce problems
- Don’t over apologize
• Remember participants have control over their own learning – trainers are facilitators of the process
• Be comfortable with participants’ struggles
• Use every opportunity to speak positively about other parts of the system

• Channel restless energy/anxiety into vitality
• Be aware of distractions – external (noise, movement, temperature) and internal (perfumes, sniffing)
Youth Transition Decision Making (YTDM)

Throughout Community Partnership for Protecting Children efforts, the Youth Transition Decision Making process was developed. This is a youth-centered practice model that empowers youth to take control of their lives and dreams. Supportive adults and peers create a team to help the youth make connections to resources, education, employment, health care, housing, and supportive personal and community relationships.

Through these connections and relationships, young people will be better able to access and take advantage of the resources, knowledge, and skills to support themselves and realize their life’s dreams.

Vision Statement:
Youth and young adults who are “aging out” of the foster care system should have healthy and meaningful lifelong connections within their own community. It is through these connections that they will be better able to gain the knowledge, skills, and resources to support themselves and realize their goals for their lives.

The Principles guiding Youth Transition Decision Making are as follows:

- Participating in the YTDM process is voluntary for the youth or young adult
- YTDM gatherings are youth-focused and youth-driven
- Youth and young adults are respected. They should feel supported and empowered as a result of these gatherings.
- Youth or young adult identifies team members who can support them in obtaining their goals
- The gatherings are a time for honesty, peer and adult support, and a free exchange of ideas. (No one should ever feel “ganged up” on or badgered by anyone during this process.)
- The YTDM gatherings are confidential

Youth Transition Decision Making Process

Preparation: Youth or young adults (Dreamers) that want a Youth Transition Decision Making gathering visits with a Formal Facilitator and Youth Peer Advocate to get to know one another, put together an “All About Me” booklet or presentation to share with the team, and decide who the Dreamer wants to invite to be on his or her Youth Transition Decision Making team.

Getting Started: Youth Transition Decision Making’s first gathering involves:

- The team getting to know each other
- Sharing information about what the Dreamer wants and needs in his or her life
- Putting together a plan with action steps that will support the Dreamer in accomplishing dreams and goals.

The gatherings are led by the Dreamer with the support of the Youth Peer Advocate and Formal Facilitator. A “Coach” may emerge from the team as a natural adult support and team coordinator after the Formal Facilitator steps out.

A “Tool Box” of resources and planning tools is used to help the team bring the youth or young adult’s vision to reality.

On-Going Support: The Dreamer can decide how many gatherings to have depending upon his or her needs and wishes. The hope is that long-term relationships will be developed between the Dreamer and the team members.
Resources via Internet

EDUCATION

- **All Iowa Opportunity Foster Care Grant Program**
  The All Iowa Opportunity Foster Care Grant is a statewide program assisting Iowa residents who were previously adjudicated in the Iowa foster care system

- **Education Empowers -- Official Blog of Iowa College Student Aid Commission**

- **Education of Children in Foster Care** - Iowa Department of Education

- **FAFSA -- Federal Financial Aid for College**
  Federal Student Aid, a part of the U.S. Department of Education, is the largest provider of student financial aid in the nation. These programs provide grants, loans, and work-study funds to students attending college or career school. This site includes information re FAFSA and a link to the online application.

- **Financial Aid for LGBT Youth**
  Describes a number of scholarships available to lesbian, gay, bisexual and transgender students. These scholarships offer a variety of criteria for eligibility.

- **Federal Student Aid (FSA) Infographics links:**
  - [Simple Steps to Transfer Tax Information Into Your FAFSA Graphic](#)
  - [Who’s My Parent When I Fill Out My FAFSA? Graphic](#)
  - [Types of Federal Student Aid (Short Version) Graphic](#)
  - [Getting a Federal Student Loan Graphic](#)

- **Federal Student Aid (FSA) You Tube video links:**
  - [Overview of the Financial Aid Process](#)
  - [Federal Student Aid -- Myths About Financial Aid](#)
  - [FAFSA: Determining Your Dependency Status](#)
  - [How to Fill Out the FAFSA](#)
  - [After the FAFSA: What Happens Next](#)
  - [How to Manage Your Student Loans](#)
  - [Responsible Borrowing](#)
  - [Repayment: What to Expect](#)

- **Funding Your Education: The Guide to Federal Student Aid** (English)
  This publication provides basic information on federal student aid to help you pay for college or career school.

- **Funding Your Education: The Guide to Federal Student Aid** (Spanish)
  This publication provides basic information on federal student aid to help you pay for college or career school.

- **Iowa College Application Campaign**
  Iowa College Application Campaign is part of a national effort to engage and inform students across the state about the college application process. The purpose is to build awareness of higher education and encourage students, especially those from underserved populations, to take a significant step toward college by completing college applications their senior year, during the school day.

- **Iowa College Aid Scholarship and Grant Programs**
Details on the state scholarship and grant programs.

- **Iowa College Access Network (ICAN)**
  ICAN's mission is to empower Iowans to achieve their educational and career goals through statewide comprehensive outreach, initiatives and partnerships with schools, groups and businesses. Beginning in the spring of 2014, ICAN opened eight regional Student Success Centers strategically located across the state to provide one-on-one advising sessions on topics such as career exploration, college planning, financial aid, FAFSA completion and much more.

- **iJAG – Iowa Jobs for America’s Graduates**
  iJAG is an independent, statewide 501(c)(3) private nonprofit corporation established in 1999. Initially created for high school seniors as a school-to-work program, iJAG has evolved into an organization serving more than 1,500 students per year in 30 programs (25 schools), reaching into multiple communities across the state of Iowa. In its 13-year history, iJAG has provided more than 8,100 students who were at the highest risk of disengaging from school or dropping out of school without the skills and motivation needed to succeed in higher education and the workforce.

- **Iowa TRIO**
  Iowa TRIO is a group of colleges and universities (26 at last count) in the state of Iowa that embody our nation's commitment to the dream of education for all Americans, regardless of race, ethnic background or economic circumstances. TRIO equals educational opportunity for low-income, first generation, and disabled Americans.

- **Student Aid Bill of Rights – Fact Sheet**
  A Student Aid Bill of Rights: Taking Action to Ensure Strong Consumer Protections for Student Loan Borrowers

**FACILITATION**

- **VStreet**
  Fun & age-appropriate way to present information to AMP youth

**FAMILY**

- **Parent Partner**
  DHS mentorship program in which parents who have overcome obstacles through change, recovery, and accountability use their skills to mentor families who are currently navigating through the child welfare system as their children are in foster or kinship care.

**FINANCIAL**

- **Youth and Credit: Protecting the Credit of Youth in Foster Care** – The Annie E. Casey Foundation

**FOSTER CARE, KINSHIP CARE, ADOPTION**

- **Completing the Circle: Uncovering, Discovering and Creating Connections for Your Foster and Adoptive Children** (Four Oaks Family Connections)
- **Kinship Caregivers: How to Navigate Iowa’s Child Welfare System** (Four Oaks Family Connections)
- **Raising Relative’s Children** (Four Oaks Family Connections)
- **(Serving) LGBT Youth in Out-of-Home Care** - CWLA Best Practice Guidelines

*Nothing about us without us!*
(Strategies for Recruiting) Lesbian, Gay, Bisexual, and Transgender Foster, Adoptive, and Kinship Families – Silberman School of Social Work at Hunter College

Supporting and Retaining LGBT Foster and Adoptive Parents
National Resource Center for Permanency and Family Connections (NRCPFC)

LGBT Prospective Foster and Adoptive Families: The Homestudy Assessment Process – National Resource Center for Permanency and Family Connections (NRCPFC)

LGBTQ

Financial Aid for LGBT Youth
Describes a number of scholarships available to lesbian, gay, bisexual and transgender students. These scholarships offer a variety of criteria for eligibility.

(Resources on) LGBTQ Issues & Child Welfare – National Resource Center for Permanency and Family Connections Silberman School of Social Work at Hunter College

Urban Institute – Surviving the Streets of New York: Experiences Of LGBTQ Youth, YMSM, And YWSW Engaged In Survival Sex

MEDICAL-HEALTH

Immunization Registry Information System (IRIS)
Website that allows access to individual immunization records
IRIS Data Exchange Information - Forms tab This link will take you to the "form" which needs to be completed. On the next page, click: Public Immunization and Vision Screening Record Access which pulls up the form to complete to access the records. On that page:
- First select "Immunization" or "Vision Screening" and then provide the requested information
- You can enter either the Social Security Number or Medicaid ID for identification purposes

Non-Emergency Medical Transportation (NEMT) program

MENTAL HEALTH

Bullying and Suicide Prevention - Your Life Iowa
Identifying Mental Health and Substance Abuse Problems of Children and Adolescents – Substance Abuse and Mental Health Services Administration
Preventing Suicide: A Toolkit for High Schools
Need to order more than 10 copies? Email or call order.pubs@samhsa.hhs.gov Call 877-SAMHSA-7

PHYSICAL HEALTH

Tobacco Smoking Cessation – Quitline Iowa

PERSONAL GROOMING

African American Hair Care

RESOURCES AND SUPPORTS

Four Oaks Family Connections List of Resources for Youth Transitioning to Adulthood

Nothing about us without us!
SEXUALITY

- (Resources on) LGBTQ Issues & Child Welfare – National Resource Center for Permanency and Family Connections Silberman School of Social Work at Hunter College

SUBSTANCE ABUSE

- Identifying Mental Health and Substance Abuse Problems of Children and Adolescents – Substance Abuse and Mental Health Services Administration

WELL BEING

- Special Immigrant Juvenile Status
  Describes assistance in helping youth (and maybe their parents also) with citizenship, or at least a deportation reprieve

YOUTH, ADOLESCENCE

- Generation WE: The Movement Begins (video) – Generation WE
- Iowa Adolescents Making Choices to Control Their Future – I am In Control

YOUTH DEVELOPMENT

- Regional 4-H Program Specialists Map and Contact Information
Strengths Notebook

Purpose: The purpose of a Strengths Notebook is to help young people recognize positive characteristics and strengths within themselves and others. Through the recognition of these strengths, young people can help shift their paradigms from the perception of, “I cannot, will not, never will accomplish” to “I can, I will, it is possible.”

Rationale: Through the self-recognition of strengths youth will begin to increase self-confidence and efficacy. The goal is to help young people view themselves as strong, capable individuals with many strengths to offer the world.

Materials: Pen, notebook or three ring binder with loose leaf paper, three dividers for the notebook.

How to Develop a Strengths Notebook: A Strengths Notebook is an individual resource and development tool. Begin by dividing the notebook into three sections, leave approximately 15 pages between each section.

- Section One entitled “My Strengths”
- Section Two entitled “My Victories”
- Section Three entitled “How I Overcome my Challenges”

Section 1: In Section One, ask the youth to list two or three strengths in their notebook per session for the first three or four sessions. After you begin to know the young person better, ask them to gradually increase the number of strengths they identify each session. Many times it will take a few months for young people to build enthusiasm around this concept, but set an initial goal of 100 strengths. Note: This may be perceived as an impossible goal, but it will come easily with time.

After the young person lists a few strengths, the advocate can write a few strengths that he/she sees in the participant on the same page, just write it in a separate column so that the young person maintains ownership in his/her list. Also, be mindful not to exactly match the strengths listed that day, although duplication over time is ok and can be a positive reinforcement for the youth.

Section 2: In Section Two, ask the youth to list two or three life victories in their notebook per session for the first three or four sessions, then gradually increasing the expected number of victories. Set a goal for the young person to list 100 victories in his/her life. Note: These victories do not need to be life altering, sometimes it is simply getting out of bed in the morning, learning how to tie ones shoes when they are young, or using public transportation for the first time.

Section 3: Section Three provides an excellent opportunity for young people to celebrate their victories and remember how they overcame past obstacles. This section may also serve as a journal for the youth if beneficial.

Preliminary Discussion: Discuss with the youth the definition of a strength. What is a strength? How do you find them in yourself? An absence of a strength provides an opportunity to learn and grow – not a character flaw. How do you find them in others? Help the youth to understand that strength discovery is a process and that it will get easier to see their personal strengths with practice. Possibly use the analogy of a lens to see the world through – helping them to discover that you get what you expect.
**Additional Thoughts:** A warm-up to this activity which may be beneficial is the shared vision board on the front of the Strengths Notebook. Simply allow young people to draw or cut pictures from magazines of jobs, lifestyles, items and goals they desire in the future. Young people can then paste these on the cover of their notebooks so their vision and goals are always in front of them. Note: Please ensure they are appropriate.

Youth Policy Institute of Iowa  
7025 Hickman Road, Suite 4  
Des Moines, IA 50322  
[www.ypii.org](http://www.ypii.org)
Four Oaks Foster & Adoptive Family Connections

Four Oaks and Lutheran Services in Iowa now manage respective areas for foster and adoptive families. In order to serve foster and adoptive families closer to where they live, Iowa’s foster care and adoptive services will now be divided between Four Oaks and Lutheran Services in Iowa. Four Oaks will be serving areas 2-5. LSI will be serving area 1.

Four Oaks Family Connections is a non-profit organization, contracted by the Iowa Department of Human Services to recruit, train, license and support Iowa’s foster and adoptive families.

You should know that we are not a child placement agency. Iowa children are placed in foster and adoptive homes by DHS, and DHS makes all final decisions regarding the licensure and approval of foster and adoptive families.

We’re here to help and support you along the way!

Our Mission

Our mission is to recruit and retain stable, nurturing, and diverse foster and adoptive families to keep children safe from further trauma and assist them in their transition to permanency.

Our Vision

Every child deserves a safe, loving, and supportive family.

There are three paths you can take moving forward—you don’t have to choose yet because the process is the same for all three. You can become 1) licensed for foster care; 2) licensed for foster care and approved for adoption or 3) approved for adoption only. We’ll help you choose what’s right for you as you go along.

Your process

It usually takes about six to nine months to complete this process. You’ll need to fill out an inquiry form, attend an information session, complete fingerprint and background checks, attend a ten-week series of training classes called PS-MAPP and complete a home study before DHS makes a decision on your approval or licensure.

Four Oaks Family Connections Supports

Four Oaks Family Connections offers numerous supportive services that benefit the foster, adoptive and kinship homes in which AMP youth may live. Included in the supports available are the following:

Your support specialist: As a licensed family, you have a support specialist assigned to you. He or she can visit you at home, help with behaviors, respond to crisis calls, offer guidance in working with birth families (if approved by DHS), be an advocate for your child’s school or treatment needs, help you find respite or community resources or be a listening ear when you need to talk. Whenever you need support, have a question or if you’re making a change in your home, please reach out to this person. He or she wants to hear from you! This person will also be your contact for the renewal of your license.

If you aren’t sure who your support specialist is, please call us at 1.800.243.0756.

Find a support group: If you’re new to a group, it’s always a good idea to contact the leader first and make sure the date and time are correct. Some groups break for the summer or do not meet during the holidays.
At the following link is a list of all foster, adoptive and kinship parent support groups listed by DHS Service Area. Please be advised that many of the support groups linked do not meet in the summer months.

Linked is a list of upcoming Support Group trainings.

**Adoption Respite:** Respite care provides adoptive parents with a break from the constant demands of caring for their special needs adopted child (children). It may be used for planned activities or emergency situations.

**Adoption Respite** is a service available to adoptive families for their subsidized adopted children. Each adopted child who is subsidized is eligible for five days of respite service per fiscal year at $17 per day. Adoption Respite is ONLY available to adopted children who receive adoption subsidy.

While each situation is different, subsidies are potentially available if the child has a special need (including a diagnosed physical, mental or emotional disability), is older, is a member of a sibling group of three or more children, or is at risk of developing a diagnosed condition.

Another resource is the Post Adoption Support Services brochure.

**Four Oaks Family Connections Publications**
Four Oaks Family Connections publishes a variety of very informative and helpful resource materials for Iowa's foster, adoptive and kinship parents. Linked below is a list all of publications that can be view through the Four Oaks Family Connections website or requested via mail.

**Four Oaks Family Connections Trainings**
Foster, adoptive and kinship parents are welcome to attend any of Four Oaks Family Connections’s regular and various trainings. Even if the adopted was international, private or from another state, all Iowa adoptive parents are welcome to attend. There is no cost to attend Four Oaks Family Connections’s trainings (with the exception of our Spring Conference and CPR & First Aid classes). All of the trainings are approved for foster parent credit.

**Current Iowa Foster Parent Training Requirements:** The current Iowa foster parent training requirements are linked.
Collaborations and Partnerships

Collaboration within the Community

Collaboration is the ability to work together as one within the individual community either on a professional or personal level with a goal of improving outcomes for youth in their transition.

Ways collaboration can be a success is through: youth and families, foster/adoptive parents, agencies and community groups, businesses, churches and the overall working together for individual youth.

AMP collaborates with Four Oaks Family Connections, Iowa Aftercare Services Network, and other groups listed on the organizational chart. AMP also coordinates with Youth Transition Decision Making (YTDM) throughout the state to offer “Dream Teams” to AMP youth as a transition tool which connects them to meaningful adults and their community before they age out of care. Some AMP facilitators take an active role in facilitating these Dream Teams with youth in their local areas.

Protocol for AMP Youth Participation in Community Speaking Engagement

- The request is handled by the Local AMP Council Facilitator
- Collect similar information as above and complete the “AMP Youth Speaker Request Form”

Child and Family Policy Center (CFPC)

Over the past two decades, the Child and Family Policy Center (CFPC) has played a critical role in improving the lives of Iowa children by shaping public policy. CFPC has successfully promoted initiatives expanding children’s access to quality child care and comprehensive health care, improving the tax treatment of low- and moderate-income working families and supporting efforts to boost family economic success.

Founded by former state senator Charles Bruner CFPC in 1989, CFPC carries out its mission by conducting research, facilitating forums, and providing reliable information and technical assistance to policymakers. Through its Every Child Counts advocacy initiative, CFPC is a consistent presence at the Iowa statehouse on behalf of Iowa children. CFPC’s Kids Count initiative is a trusted source of annual state- and county-level data on key indicators of child well-being.

The Child Family Policy Center has agreed to partner with Iowa’s state Foster Care Youth Council, Achieving Maximum Potential (AMP), in an effort to increase their presence and visibility as they develop and promote their agenda with the Iowa Legislature. Achieving Maximum Potential (AMP) has been a very successful and important advocate for policy changes, and lawmakers are particularly responsive to both the stories of youth and their work to present legislative proposals.

The Child and Family Policy Center has agreed to monitor legislative activity on foster care issues for AMP and identify strategic opportunities to present the issues to Iowa legislators and the public. During the 2012 legislative session CFPC worked with AMP and was successful in providing public and policy maker education that addressed a top priority for AMP, the successful passage of new laws to prevent and respond to human trafficking.

Leading up to the 2013 legislative session, CFPC worked with AMP in establishing their legislative priorities and provided them with technical assistance on the legislative process. During the 2013 legislative session, CFPC worked with AMP and many other partners, focusing on a major priority in maintaining or increasing funding
for emergency shelter beds. The work was successful, with the passage of a 5% child welfare rate increase. This rate increase also increased, by 5%, funding for the Preparation for Adult Living (PAL) and AMP programs.

CFPC will continue working with AMP to raise awareness of the issues important to youth in, and aging out of, the foster care system, keeping them informed during the legislative process so that AMP youth and staff can effectively advocate for policy changes at the appropriate times.

Financial

Revenue and Expenses

I. Policy
The Partner Agency completes and submits the AMP billing form by the 10th of each month and covering expenses for the previous month. The reimbursement form is submitted to YSS and the attendance sheet must be attached. The “Youth Council Attendance Sheet” can be found in the Forms Section of the Manual. All AMP expenditures must be approved by the local Partner Agency. Receipts and/or vendor invoices for all purchases will be submitted to local Partner Agency within five business days of purchase date.

II. Procedure
1. AMP facilitators record the number of youth attending each AMP Council meeting. Facilitators keep records of all AMP related expenses. They also maintain mileage reimbursement forms on a monthly basis. Reimbursable expenses other than mileage should be included on the AMP Monthly billing form. Original receipts are held by the Partner Agency and do not need to be sent to YSS. Mileage reimbursement forms can be submitted with the billing form or listed directly on the form. NOTE: DHS requires copies of all expense receipts to be maintained by the Partner Agency.

2. Accommodations for overnight lodging and/or airfare should be planned for well in advance of scheduled trips and must be pre-approved by the AMP/TAHT Manager. Pertinent lodging information should be given to the AMP/TAHT Manager and must include dates of stay, name and phone # of hotel, number of rooms required and number of occupants as well as airfare needs, if applicable. The AMP/TAHT Manager will be responsible for arranging this in advance. Hotel receipts must be submitted to the AMP/TAHT Manager upon returning from overnight stay and attached to the next monthly Partner Agency Claim.

3. Parameters for approved meal expenses during travel status are detailed below. Personnel must be in travel status for a six hour period and a minimum distance of 30 miles from his/her office or home, whichever is closest, to qualify for lunch or dinner.

   The following is a maximum for meal reimbursement:
   Breakfast $5.00 (allowed only during overnight travel status)
   Lunch $8.00 (travel status must begin before 11:00 am and end after 1:00 pm)
   Dinner $15.00 (travel status must begin before 4:30 pm and end after 7:00 pm)

If traveling with youth, Council Facilitators will feed the youth and keep receipts to be reimbursed on their monthly expense form. Again, all overnight and airfare expenses need to be pre-approved, whenever possible, by the AMP/TAHT Manager or your agency, depending on who you expect reimbursement from.
Billing and Fundraising Expectations

Fundraising Guidelines
AMP is funded by a grant to the Partnership of Iowa Foster Care Youth Councils. The lead agency is Youth and Shelter Services (YSS). Local Partner Agencies make up the partnership and each has signed a Memorandum of Understanding (MOU) with YSS which then funds the local Partner Agency according to the MOU.

The Partner Agencies employ the local AMP Facilitators and support staff. Each Partner Agency submits a reimbursement request to YSS by the 10th of each month using the billing form (see billing form next page). The DHS funds are utilized by YSS to reimburse Partner agencies for their expenses.

YSS encourages partner agencies to seek local funds (e.g., United Way, DECAT, community foundations, etc.) to supplement the DHS grant funding. Partner agencies are required to inform YSS of the additional local funding. If any of these funds are utilized for DHS grant reimbursable activities, this same amount is to be subtracted from the YSS billing.

When local funds replace DHS grant funding, the extra DHS grant funding will be utilized by YSS for startup funding for new local councils.

Local Partner Agencies are encouraged to host AMP fundraising events including those planned and conducted in partnership with AMP youth themselves.

In-kind donations of food, supplies, and gift cards are encouraged and can supplement or replace the DHS grant reimbursement for these same items.

All local donation checks and grants should be made to the local Partner Agency. This is important because the local Partner Agency is its own 501c3. Therefore, the gift is tax deductible if funneled through the Partner Agency and designated to AMP. The partner agency is responsible for reporting and accounting for expenditures.

Receipts and thank you letters will be sent by the Partner Agency promptly to all donors. The letters will indicate that a gift was made to the Partner Agency and designated to the specific AMP Council. Copies of thank you letters are to be sent to YSS.

If youth are going to raise funds, please follow these guidelines:
- Only group fundraising will be allowed for safety of our youth. (No door to door, no individual sales forms, etc.)
- Youth are in AMP shirts and adult supervised throughout event
- Youth assist in set up; contacts; clean up; accounting; etc., of event so they see workload and income received. Make it all a teachable process.
- Funds are all property of the local agency. Use legal accounting methods for tracking.

Prior to fundraiser, please notify AMP/TAHT Manager. Keep the AMP/TAHT Manager informed throughout; the AMP/TAHT Manager will attend these events whenever possible.

Advertising event, goal of event, and how is to be used must be handled with local agency.
Safety and supervision are critical factors in planning – youth need to be part of this planning.

**Reporting**

**DHS Annual Council Report**

The DHS annual report is written by Youth Policy Institute, subcontracted by YSS for this purpose and uses data collected throughout the year from AMP Facilitators.

**DATA COLLECTION**

Beginning July 1, 2016, YSS entered into an agreement with the Youth Policy Institute of Iowa (YPII) to collect, analyze, and report information related to AMP membership, participation, local activities, and the annual member satisfaction survey. To gather consistent information from local Councils, YPII developed two online data collection instruments – a meeting summary form and a member information form (see Appendix for hard copies of these instruments). All Councils, including DM Mobile and Eldora-STS, complete the meeting summary form online using a web-based survey platform, for each regular meeting they hold. Council facilitators were also instructed to ask each participating youth to complete a member information form. YPII developed a slightly modified version of this form for the DM Mobile and Eldora-STS Councils to reflect the unique characteristics of those councils. Facilitators enter information from the completed forms online.

**AMP Member Information**

Use the FY2018 Member Information document to make copies for all AMP youth members to fill out, and enter the information using the link above sometime after the meeting.

Please have any youth who attends a meeting beginning July 1, 2017 complete a form, even if they just completed one a few months prior, as this will provide the demographic information of AMP members for FY2018 reports. As new youth attend throughout the year, have them complete the form as soon as possible. Let the youth know their names won’t be recorded, and that they may skip any question they don’t feel comfortable answering.

**Council Meeting Summary**

Complete the online survey for each regular meeting that takes place, including mobile meetings. Multiple meetings with the same content can be summarized with one entry, such as mobile meetings that take place in the same half of the month. The link will always be the same, and will allow you to submit multiple entries.

**Attendance Record – New Format**

YPII designed an Excel spreadsheet to view the whole year on one sheet. The meeting dates are now split into the first half of the month and second half of the month to be more compatible with the YSS billing form. Mobile and STS councils should also use and submit this attendance record to the extent possible. To record attendance, enter a 1 in the corresponding cell for each meeting a youth has attended. Please also indicate if that individual attended any of the major AMP events (Day on the Hill, annual conference, AMP Camp). Feel free to add columns for any local special events. If a youth happens to attend multiple meetings in one half of the month, total the number of meetings and enter that number instead of 1. Please keep this spreadsheet up-to-date, completing after each meeting and adding names as new youth attend.
We suggest using first and last names to help you keep track of individuals with the same first name, but you may use any identifier you choose. We ask that a copy of this be sent to YPII quarterly—we will send out a reminder when this is due to us.

Have questions or need clarification? Email Courtney Clement (cclement@ypii.org) or call the Youth Policy Institute of Iowa office at 515.727.4220.
AMP Adult Youth Media Release Agreement

I, ______________________________________, hereby □ give or □ do not give (please check choice) AMP, its legal representatives and assignees, those for whom AMP is acting, and those acting with its authority and permission:

a) the unrestricted right and permission to copyright and use, re-use, publish, and republish in print, video, social media, or upon World Wide Web sites any or all photographic portraits, video or audio of me or in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.

b) I also permit the use of any printed material in connection therewith.

c) I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.

d) I hereby release, discharge and agree to hold harmless AMP, its legal representatives or assigns, and all persons functioning under its permission or authority, or those for whom it is functioning, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or videos in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I understand that the primary function of this portrayal is to represent the function of AMP programs. I do not expect to receive any compensation for the use of my image, likeness, voice, or music, and do hereby donate to AMP, the use of the same.

My signature below indicates I have read and understand the above and agree to abide by the contents herein.

Should the undersigned wish to revoke their consent, AMP will, upon receipt of a written request, nullify this agreement.

______________________________________________  __________________________
Signature of AMP Adult Youth                          Date

______________________________________________  __________________________
Representing AMP                                      Date

Nothing about us without us!
## Adult Participant Checks Documentation

<table>
<thead>
<tr>
<th>Adult Participant Name</th>
<th>Criminal and Child Abuse Record Check Paperwork Completed by Youth</th>
<th>Criminal and Child Abuse Checks Paperwork Submitted to Agency</th>
<th>Criminal Check Results Rec’d</th>
<th>Child Abuse Check Results Rec’d</th>
<th>Results of checks: 1) no record, 2) child abuse, 3) criminal or 4) both</th>
<th>Youth Notified of Checks Results - If no record, youth can participate; if Record exists and no Evaluation requested, No AMP Participation</th>
<th>If no eval. requested, no AMP Participation; AMP State Coordinator notified, via Roxanne</th>
<th>Record Check Process Finshed Unless Record Exists and Eval. Requested</th>
<th>Per Participant’s Request, Evaluation Paperwork Provided</th>
<th>Completed Evaluation Request Received from Participant</th>
<th>Record Check Evaluation Completed by Facilitator, following consult with State. Coord., and Decision Made</th>
<th>Record Check Eval. Decision: Partic. Can or Cannot Participate</th>
<th>Participant Informed of Record Check Evaluation Decision</th>
<th>AMP State Coordinator Notified of Decision, via Roxanne</th>
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</thead>
</table>
Adult Participant Release and Waiver of Liability for Participation in AMP Activities

IN CONSIDERATION for allowing the UNDERSIGNED designated below to participate in ACTIVITIES including AMP MEETINGS, COMMUNITY EVENTS, SPEAKING ENGAGEMENTS, IOWA LEGISLATURE “DAY ON THE HILL”, SERVICE PROJECTS, CONFERENCES and TRAVEL, THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs, and next of kin agrees:

1. THE UNDERSIGNED will assess situations and activities of the AMP travel, event, retreat and/or conference noted and warrant that the UNDERSIGNED’s participation in the Activity constitutes an acknowledgement that the UNDERSIGNED finds it safe and reasonably suited for the purpose of the Activity. The undersigned agrees that if at any time he/she believes something is unsafe, he/she will bring it to the attention of the AMP Council facilitator, AMP/TAHT Manager or Assistant Coordinator and he/she will remove himself/herself from the Activity and withdraw from participation in the Activity.

2. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of Releases (as identified below) or otherwise, during the AMP Event for any purpose including speaking, observing, working, or participating in the Activity. The undersigned recognizes and understands that there are risks and dangers associated with participation in the Activity that could cause severe bodily injury, disability, and death. Further, the risks and dangers may be caused by the negligent failure to act of the releases and others. All of the risks and dangers associated with participating in the Activity are assumed by the UNDERSIGNED notwithstanding.

3. THE UNDERSIGNED, and his/her personal representatives, assigns, executors, heirs, and next of kin, release, waive, discharge and covenant not to sue the promoters, participants, associations, sanctioning organizations (or any affiliates thereof), officials, sponsors and advertisers used to conduct the Activity, and representatives (all for the purpose herein referred to as "Releases"), from any and all liability, claims, demands, actions, causes of action, judgments, expenses, losses or damages incurred by the UNDERSIGNED on account of any injury, including but not limited to the death or injury of the UNDERSIGNED or damage to property, all of which is caused or alleged to be caused in whole or in part in any way, including but not limited to, the negligence of the Releasees or otherwise.

4. THE UNDERSIGNED hereby agrees to indemnify and save and hold harmless, the Releasees and each of them from any and all claims, demands, actions, causes of action, judgments, expenses, and loss or damages (including attorney fees) incurred by the Releasees resulting from injuries (including death), loss, liability, or damage that may occur to the UNDERSIGNED or his/her property due in any manner or degree to the presence of the UNDERSIGNED during the AMP Activity, or in any way while participating in the Activity, and whether caused by negligence of the Releasees or otherwise.

5. THE UNDERSIGNED authorizes any medical treatment, including the administration of anesthesia, deemed advisable by any licensed physician to relieve any injuries or illness suffered by the UNDERSIGNED while a participant or observer at the Activity.
6. THE UNDERSIGNED agrees that this Release and Waiver Of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, INCLUDING NEGLIGENT RESCUE OPERATIONS, and is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

7. THE UNDERSIGNED agrees to abide by the following RULES AND REGULATIONS and CODE OF CONDUCT:
   A. All bags, backpacks, or personal items are subject to inspection at any time
   B. General safety and respect for other participants will be expected at all times. The following behaviors shall be considered detrimental and may result in expulsion from the Activity:
      1. Willful damage or vandalism to Activity location or individual personal property
      2. Possession of fireworks or weapons of any kind
      3. Possession or use of alcohol, tobacco, or any controlled substances
      4. Willful or consistent misbehavior considered to be disruptive to the Event or to other Participants
      5. Failure to comply with Activity rules or with request made by Activity Staff or Administrators

8. Any photographs, videotaping, or other records of the UNDERSIGNED at the Activity may be used to promote future AMP Activities. This includes, but is not limited to, the use of the UNDERSIGNED’S photograph and video on the AMP web site, television, printed billboards, brochures, or other promotional materials.

I, THE UNDERSIGNED HAVE READ AND UNDERSTAND THE CONTENT OF THIS RELEASE AND VOLUNTARILY SIGN THE WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT AND DO SO VOLUNTARILY AND WITH THE UNDERSTANDING THAT SUBSTANTIAL RIGHTS ARE BEING GIVEN UP. I FURTHER ACKNOWLEDGE THAT FAILURE TO WITNESS OR NOTARIZE THIS AGREEMENT SHALL NOT AFFECT ITS VALIDITY.

ADULT PARTICIPANT INFORMATION

Name (please print) _____________________________________________________________

Signature: ___________________________________________________________________

Date: ________________________________________________________________________

Telephone Number: ____________________________________________________________

Address: _____________________________________________________________________

Date of Birth: __________________________________________________________________

Emergency Contact Name: _______________________________________________________

Phone number of Emergency Contact Person: ________________________________________
Adult Participant Release and Waiver of Liability for Participation in Special AMP Activities

This release and waiver of liability relates to the following specific AMP activity: __________________________

________________________________
________________________________
________________________________

IN CONSIDERATION for allowing the UNDERSIGNED designated below to participate in the ACTIVITY specified above, which may include TRAVEL, THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs, and next of kin agrees:

1. THE UNDERSIGNED will assess situations and activities of the AMP travel, event, retreat and/or conference noted and warrant that the UNDERSIGNED’s participation in the Activity constitutes an acknowledgement that the UNDERSIGNED finds it safe and reasonably suited for the purpose of the Activity. The undersigned agrees that if at any time he/she believes something is unsafe, he/she will bring it to the attention of the AMP Council facilitator, AMP/TAHT Manager or Assistant Coordinator and he/she will remove himself/herself from the Activity and withdraw from participation in the Activity.

2. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of Releasees (as identified below) or otherwise, during the AMP Event for any purpose including speaking, observing, working, or participating in the Activity. The undersigned recognizes and understands that there are risks and dangers associated with participation in the Activity that could cause severe bodily injury, disability, and death. Further, the risks and dangers may be caused by the negligent failure to act of the Releasees and others. All of the risks and dangers associated with participating in the Activity are assumed by the UNDERSIGNED notwithstanding.

3. THE UNDERSIGNED, and his/her personal representatives, assigns, executors, heirs, and next of kin, release, waive, discharge and covenant not to sue the promoters, participants, associations, sanctioning organizations (or any affiliates thereof), officials, sponsors and advertisers used to conduct the Activity, and representatives (all for the purpose herein referred to as "Releasees"), from any and all liability, claims, demands, actions, causes of action, judgments, expenses, losses or damages incurred by the UNDERSIGNED on account of any injury, including but not limited to the death or injury of the UNDERSIGNED or damage to property, all of which is caused or alleged to be caused in whole or in part in any way, including but not limited to, the negligence of the Releasees or otherwise.

4. THE UNDERSIGNED hereby agrees to indemnify and save and hold harmless, the Releasees and each of them from any and all claims, demands, actions, causes of action, judgments, expenses, and loss or damages (including attorney fees) incurred by the Releasees resulting from injuries (including death), loss, liability, or damage that may occur to the UNDERSIGNED or his/her property due in any manner or degree
to the presence of the UNDERSIGNED during the AMP Activity, or in any way while participating in the Activity, and whether caused by negligence of the Releasees or otherwise.

5. THE UNDERSIGNED authorizes any medical treatment, including the administration of anesthesia, deemed advisable by any licensed physician to relieve any injuries or illness suffered by the UNDERSIGNED while a participant or observer at the Activity.

6. THE UNDERSIGNED agrees that this Release and Waiver Of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, INCLUDING NEGLIGENT RESCUE OPERATIONS, and is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

7. THE UNDERSIGNED agrees to abide by the following RULES AND REGULATIONS and CODE OF CONDUCT:

A. All bags, backpacks, or personal items are subject to inspection at any time

B. General safety and respect for other participants will be expected at all times. The following behaviors shall be considered detrimental and may result in expulsion from the Activity:
   1. Willful damage or vandalism to Activity location or individual personal property
   2. Possession of fireworks or weapons of any kind
   3. Possession or use of alcohol, tobacco, or any controlled substances
   4. Willful or consistent misbehavior considered to be disruptive to the Event or to other Participants
   5. Failure to comply with Activity rules or with request made by Activity Staff or Administrators

C. Any photographs, videotaping, or other records of the UNDERSIGNED at the Activity may be used to promote future AMP Activities. This includes, but is not limited to, the use of the UNDERSIGNED’S photograph and video on the AMP web site, television, printed billboards, brochures, or other promotional materials.

I, THE UNDERSIGNED HAVE READ AND UNDERSTAND THE CONTENT OF THIS RELEASE AND VOLUNTARILY SIGN THE WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT AND DO SO VOLUNTARILY AND WITH THE UNDERSTANDING THAT SUBSTANTIAL RIGHTS ARE BEING GIVEN UP. I FURTHER ACKNOWLEDGE THAT FAILURE TO WITNESS OR NOTARIZE THIS AGREEMENT SHALL NOT AFFECT ITS VALIDITY.

ADULT PARTICIPANT INFORMATION

Name (please print) __________________________________________________________

Signature: ________________________________________________________________

Date: _________________________________________________________________

Telephone Number: _______________________________________________________

Address: ______________________________________________________________

Date of Birth: ____________________________________________________________

Emergency Contact Name: _________________________________________________

Phone number of Emergency Contact Person: _______________________________
Adult Youth Consent for AMP Camp Activity and Transportation

In the case of an unplanned transportation need during camp attendance, I give my consent to be transported by a Youth and Shelter Services Staff who has undergone background checks and signed a confidentiality agreement. This responsible adult will be transporting me with their own personal vehicle.

I give my consent to participate in all possible activities, including swimming pool with a lifeguard; canoeing; rifelry; archery; camping; rope programs; and horse riding during attendance at the Camp. It is my understanding that I will be under the supervision of a Camp staff member for the duration of activities.

I indemnify and agree to hold Youth and Shelter Services, Inc., its agents and employees harmless of all actions, causes of action, damages, claims, or demands which I, my heir executors, administrators, or assignees may have against it for all personal injuries known or unknown which I may incur by participating in the above activity.

I have read this consent form and understand all its terms.

__________________________________________________  ____________________________
Signature of AMP Adult Youth  Date

__________________________________________________  ____________________________
Representing AMP  Date
AMP Meeting Attendance Sheet

Council: ___________________________ Date: ________________

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<th>Name</th>
<th>Age</th>
<th>1st Mtg</th>
<th>Foster Home</th>
<th>Adopt Home</th>
<th>Group Home</th>
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</tbody>
</table>
Authorization for Release of Child Abuse Information

Iowa Department of Human Services

AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION

This form must be used to authorize release of child abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person about whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, PO Box 4826, Des Moines, Iowa 50305.

PART A: To be completed by the person requesting information.

1. Requester
   Address
   City                               State   Zip Code       Phone Number

2. The information concerns:
   Name (first, middle initial, last)
   Maiden Name or Alias (if applicable)
   Address
   City                               State   Zip Code       County

3. What is the purpose of your request for child abuse information?

4. I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.
   Signature                          Date

PART B: To be completed by the person authorizing the Department of Human Services to release child abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse Registry in a child abuse report as having abused a child (Iowa Code 235A.15). To the best of my knowledge, all or part of the information contained in Part A of this form is correct.

   Signature                          Date

PART C: To be completed by the Central Abuse Registry or designee.

1. The person named in item A-2 is listed on the Child Abuse Registry as having abused a child.
2. The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child.
3. This request for information is denied because the form is incomplete.

   Signature                          Date
   Comments

470-3301 (Rev. 7/11)     Copy 1: Central Registry       Copy 2: Returned to Requester
LEGAL PROVISIONS FOR THE HANDLING OF CHILD ABUSE INFORMATION

Redissemination of Child Abuse Information (Iowa Code 235A.17)

A person, agency, or other recipient of child abuse information shall not redisseminate this information. However, redissemination is permitted when all of the following conditions apply:

♦ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.

♦ The person to whom the information would be redisseminated would have independent access to the same information under Iowa Code Section 235A.15.

♦ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.

♦ The written record is forwarded to the Registry within 30 days of the redissemination.

Criminal Penalties (Iowa Code 235A.21)

♦ Any person is guilty of a criminal offense when the person:
  • Willfully requests, obtains, or seeks to obtain child abuse information under false pretense.
  • Willfully communicates or seeks to communicate child abuse information to any agency or person except in accordance with Iowa Code Sections 235A.15 and 235A.17.
  • Is connected with any research authorized pursuant to Iowa Code Section 235A.15 and willfully falsifies child abuse information or any records relating to child abuse.
  • Upon conviction for each offense, the person shall be punished by a fine of up to $1,000 or imprisonment for not more than two years, or by both fine and imprisonment.

♦ Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child abuse information except in accordance with Iowa Code Sections 235A.15 and 235A.17 shall be fined not more than $100 or be imprisoned not more than ten days for each such offense.

♦ Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapter 235A shall be grounds for the immediate withdrawal of any authorized access that the person might otherwise have to child abuse information.
AMP Central Council (AMP-CC)

Two youth are chosen by the members of their council to represent them two times a year in statewide retreats where major decisions are made for AMP. These youth will be asked to sit in on committees in their area that deal with transition, policy change and legislation concerning foster/adopted youth. At each council meeting, the AMP-CC members will greet newcomers and welcome them to AMP and also begin the meeting with the “Hi’s & Low’s”. AMP-CC members are leaders in their councils and should be positive role models for others.

Please write two names for the people you want to represent you in the AMP-CC.

#1 __________________________________________________________

#2 __________________________________________________________

Alternate ____________________________________________________

Nothing about us without us!
Child and Family Crisis Plan

Client Name: Pro-filer #: __________________________

Emergency #’s: __________________________ Date: __________________________

Summary of Concerns/Issues:

Precipitant Crisis Identifiers (what is likely to set off a crisis)?

Who/What is Helpful?

What/Who is Not Helpful?

Intervention Steps to be Taken:

________________________________________________________________________

________________________________________________________________________

Client Signature and Date

________________________________________________________________________

Guardian Signature and Date

________________________________________________________________________

Facilitator Signature and Date
Consent for Camp Activity and Transportation

In the case of an unplanned transportation need during camp attendance, I/we give my/our consent to allow ___________________________ to be transported by a Youth and Shelter Services Staff who has undergone background checks and signed a confidentiality agreement. This responsible adult will be transporting my child with their own personal vehicle.

I/We give my/our consent to allow ___________________________ to participate in possible activities, including swimming pool with a lifeguard; canoeing; riflery; archery; camping; rope programs; and horse riding during attendance at the Camp. It is our understanding that my child will be under the supervision of a Camp staff member for the duration of activities.

I indemnify and agree to hold Youth and Shelter Services, Inc., its agents and employees harmless of all actions, causes of action, damages, claims, or demands which I, my heir executors, administrators, or assigns may have against it for all personal injuries known or unknown which the above-named youth has or may incur by participating in the above activity.

I have read this consent form and understand all its terms.

____________________________________  ________________
Youth                                Date

____________________________________  ________________
Signature of Parent or Guardian if youth under age 18  Date

____________________________________  ________________
Representing AMP                      Date
Criminal/Child Abuse Evaluation Criteria

If the criminal and/or child abuse record checks completed on a potential AMP youth member or volunteer age 18 and over indicates a record of founded child abuse or a crime, AMP administrators will perform an evaluation to determine whether the founded child abuse or crime warrants prohibition of the youth’s participation in the AMP program.

In such an evaluation, the following shall be considered\(^1\):

- the nature and seriousness of the crime or founded child abuse in relation to the youth’s participation in AMP
- the time elapsed since the commission of the crime or founded child abuse
- the circumstances under which the crime or founded child abuse was committed
- the degree of rehabilitation
- the likelihood that the person will commit the crime or founded child abuse again
- the number of crimes or founded child abuses committed by the person involved

The AMP program has final authority in determining whether prohibition of the youth’s participation in AMP is allowed or prohibited.

---

\(^1\) Criteria information taken from Iowa Code 135C.33
Crisis Plan Worksheet

Plan Date: ______________________ DOB: ______________________

Name: ______________________ Age: ______________________

Parent Name and Phone ______________________

Current Placement: ______________________

Diagnosis: ______________________

Medication: ______________________

Respite Home Phone: ______________________ Back-up Home Phone: ______________________

Background Information
Include best approaches to support parent/family during crisis, using the prompts below.
What is the child and family team’s definition of a crisis?

Parents/Caregivers: ______________________

Child: ______________________

Anticipated Problems (Home, School, and Community)
Suicidal intentions, self-harm/mutilation, aggression, assault, property destruction, theft, substance/medication abuse, sexual activity/acting out, animal cruelty, isolation, fire setting, runaway, medical problems, use of weapons, etc.

What Approaches are Most Useful
Nurturing, directive, supportive, matter-of-fact, interactive, solitary, quiet, stimulating, etc.

Parents/Caregivers: ______________________

Child: ______________________

Hospital Procedure (who will hospitalize, assess for hospitalization)
Legal guardian must approve hospitalization.

Recommended Interventions (Home, School and Community)
Quiet time alone, journaling, relaxation/breathing exercises, going for a walk, putting hands under cold water, listening to music, calling a friend/therapist/pastor, exercising, cold ice pack, art work, talking with an adult, reading, shower or bath, etc.

Parents/Caregivers: ______________________

Child: ______________________
### DSM Mobile Billing

AMP Partnership of Iowa Foster Care Youth Councils  
July 2017 - June 2018 (Year VI)

Monthly Billing Form (due by the 10th of each month)

<table>
<thead>
<tr>
<th>Agency (name and address):</th>
<th>Youth &amp; Shelter Services - DSM Mobile AMP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Month/Year (billing period covered):</th>
</tr>
</thead>
</table>

#### Part I: AMP Council Meetings

**A. AMP Council meetings per cottage:**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Number of participants attending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodward Meeting 1</td>
<td></td>
<td></td>
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<tr>
<td>Woodward Meeting 2</td>
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<tr>
<td>Orchard Place Meeting 1</td>
<td></td>
<td></td>
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<tr>
<td>Orchard Place Meeting 2</td>
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<td></td>
</tr>
<tr>
<td>Polk Co. Detention Meeting 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polk Co. Detention Meeting 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YESS Shelter Meeting 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YESS Shelter Meeting 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual (one on one) Monthly Sheet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part I: Travel Reimbursement for AMP Facilitator

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose (meetings, trainings, etc.)</th>
<th>Miles (to and from destination)</th>
<th>Rate (up to 39¢ per mile)</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**Subtotal Travel** $0.00

### Part II: Reimbursement for Stipends and Gift Cards (Up to $100 per month for support volunteer stipends & $25/mo for youth gift cards)

<table>
<thead>
<tr>
<th>Name of Participant/Support Volunteer</th>
<th>Amount to Participant</th>
<th>Amount to Support Vol.</th>
<th>List Type (Stipend, Gift Card, Other)</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
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</tbody>
</table>
### Subtotal Stipends and Gift Cards

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</thead>
<tbody>
<tr>
<td></td>
<td>$0.00</td>
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</tbody>
</table>

### Part IV: Reimbursement for Food and Supplies for AMP Council Meetings (Up to $1.00 per youth per meeting)

<table>
<thead>
<tr>
<th>Meeting 1 Date</th>
<th>Number Attended</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Meeting 2 Date</th>
<th>Number Attended</th>
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</thead>
<tbody>
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### Subtotal Food and Supplies

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<tr>
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<td>$0.00</td>
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### Grand Total

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**Submitted By:**

<table>
<thead>
<tr>
<th>Subcontractor Agency</th>
<th>Date</th>
<th>Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Facilitator Name</td>
<td></td>
<td>By</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>AMP/TAHT Manager</th>
<th>Date</th>
</tr>
</thead>
</table>
Eldora Monthly Billing

**AMP Partnership of Iowa Foster Care Youth Councils**
July 2017 - June 2018 (Year VI)
Monthly Billing Form (due by the 10th of each month)

Send to:    Chastity Schonhorst  
AMP Bookkeeper  
Youth & Shelter Services, Inc.  
420 Kellogg Ave PO Box 1628  
Ames, Iowa 50010  
Email: cschonhorst@yss.ames.ia.us  
Fax: 515-663-9935  
Phone: 515-233-3141, Ext. 4431

<table>
<thead>
<tr>
<th>Agency (name and address):</th>
<th>Youth &amp; Shelter Services - Eldora</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month/Year (billing period covered):</td>
<td></td>
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</tbody>
</table>

### Part I: AMP Council Meetings

<table>
<thead>
<tr>
<th>Cottage 3 Meeting 1 Date:</th>
<th>Number of participants attending</th>
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</thead>
<tbody>
<tr>
<td>Cottage 3 Meeting 2 Date:</td>
<td>Number of participants attending</td>
</tr>
<tr>
<td>Cottage 5 Meeting 1 Date:</td>
<td>Number of participants attending</td>
</tr>
<tr>
<td>Cottage 5 Meeting 2 Date:</td>
<td>Number of participants attending</td>
</tr>
<tr>
<td>REC Cottage Meeting 1 Date:</td>
<td>Number of participants attending</td>
</tr>
<tr>
<td>REC Cottage Meeting 2 Date:</td>
<td>Number of participants attending</td>
</tr>
<tr>
<td>Cottage 7 Meeting 1 Date:</td>
<td>Number of participants attending</td>
</tr>
<tr>
<td>Cottage 7 Meeting 2 Date:</td>
<td>Number of participants attending</td>
</tr>
<tr>
<td>Individual Monthly Sign-in Sheet:</td>
<td>Number of participants attending</td>
</tr>
<tr>
<td>Special Event 1 Date:</td>
<td>Number of participants attending</td>
</tr>
</tbody>
</table>

Nothing about us without us!
### Part II: Reimbursement for Stipends and Gift Cards (Up to $100 per month for support volunteer stipends & $25/mo for youth gift cards)

<table>
<thead>
<tr>
<th>Name of Participant/Support Volunteer</th>
<th>to Participant</th>
<th>to Support Vol.</th>
<th>List Type (Stipend, Gift Card, Other)</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. John Doe</td>
<td>X</td>
<td></td>
<td>Gift card for gas</td>
<td></td>
</tr>
<tr>
<td>2. John Doe</td>
<td>X</td>
<td></td>
<td>Gift card for phone time</td>
<td></td>
</tr>
<tr>
<td>3. Jane Doe</td>
<td></td>
<td>X</td>
<td>Gift Card to Walmart – Target</td>
<td></td>
</tr>
</tbody>
</table>

Subtotal Stipends and Gift Cards $0.00

### Part III: Reimbursement for Food and Supplies for AMP Council Meetings (Up to $1.00 per youth per meeting)

<table>
<thead>
<tr>
<th>Meeting 1 Date:</th>
<th>Number Attended:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting 2 Date:</td>
<td>Number Attended:</td>
</tr>
</tbody>
</table>

Subtotal Food and Supplies $0.00

Grand Total #REF!
Enrollment Form

AMP (Achieving Maximum Potential) Enrollment Form

Welcome to AMP, a youth driven, statewide group where we seek to unleash the full potential for personal growth among foster and adoptive youth in Iowa. AMP works with YOU to become an independent adult and helps educate OTHERS about the Iowa Child Welfare System, to make life better for you and others who are, or have been, in state care.

To best serve you, we request that you provide AMP with the following information:

Legal Name: ________________________________     Nick Name: ______________________________

Birth date: _________________________________

Current Living Arrangement (circle which applies):
- Home
- Group home
- Adoptive home
- Birth home
- Independent living
- Relative home
- Living on my own
- College dorm
- Other: _________________________________

How long have you lived here? _________________________________

If NOT living on your own, name of Person(s)/Facility/College where you currently live:

Current Residence Street Address: _________________________________

Current Residence Mailing Address (if different): _________________________________

Residence “Land” Phone No: ____________________ Cell Phone No: ____________________

How AMP can best reach YOU: _________________________________

Cell Phone No: ____________________ Email address: _________________________________

IF YOU ARE UNDER AGE 18, we must secure your Parent’s or Guardian’s (if parental rights have been terminated – TPR or guardianship has been transferred) approval for your participation in AMP, so we need their contact information:

Parent’s or Guardian’s (such as a relative) Name: _________________________________

Mailing (possible PO Box) Address: _________________________________

Nothing about us without us!
AMP Operations Manual

Phone number(s): ____________________________________________

Parent’s or Guardian’s Email address: ____________________________

DHS Social Worker’s (SW’s) name and County: ____________________________________________

DHS SW’s phone number: ____________________________ DHS SW’s email: ____________________________

Location of AMP Youth Council you plan to attend: ____________________________________________

What will being part of the AMP Youth Council mean to you? ____________________________________________

Which of the following are you interested in doing as a part of AMP? (check ALL that apply)

☐ Attending AMP Council meetings ☐ Creating art to share
☐ Participating on a panel ☐ Writing poetry to share
☐ Giving a speech ☐ Writing or speaking my story
☐ Other ideas: ____________________________________________

Some of my hobbies or interests include: ____________________________________________

Please circle the number below that indicates how you feel about your skills:
(Excellent=5, Good=4, Average=3, Need work=2, Not a skill=1, No experience/unsure=?)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>Writing</td>
<td>5  4</td>
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<tr>
<td>Drawing</td>
<td>5  4</td>
</tr>
<tr>
<td>Painting</td>
<td>5  4</td>
</tr>
<tr>
<td>Speaking in front of a small group</td>
<td>5  4</td>
</tr>
<tr>
<td>Speaking in front of a large group</td>
<td>5  4</td>
</tr>
<tr>
<td>Poetry</td>
<td>5  4</td>
</tr>
<tr>
<td>Making web pages</td>
<td>5  4</td>
</tr>
<tr>
<td>Talking in front of a camera</td>
<td>5  4</td>
</tr>
<tr>
<td>Using a microphone</td>
<td>5  4</td>
</tr>
<tr>
<td>Being supportive of other people</td>
<td>5  4</td>
</tr>
</tbody>
</table>

Nothing about us without us!
Plans and dreams about my future include: __________________________________________
________________________________
________________________________
________________________________

Do you have any physical limitations or restrictions?  Yes ☐  No ☐
If yes, please describe: __________________________________________________________
________________________________
________________________________
________________________________

Do you have any conditions AMP should be aware of, such as are you uncomfortable in crowds, sensitive to heat, afraid of dogs, etc.? Yes ☐ No ☐
If yes, please describe: __________________________________________________________
________________________________
________________________________
________________________________

Do you have any allergies or food restrictions? Yes ☐ No ☐
If yes, please describe: __________________________________________________________

In signing this AMP Enrollment Form:

• I understand what the AMP Council stands for and the image we want to portray as a Council.
• I understand that the choices I make not only affect me, but may also affect the AMP Council and the progress and success of the Council’s efforts.
• I agree to get the approval from the AMP Council Facilitator no less than one week prior to ANY speaking engagement in which I may wish to participate. I further understand that my presence at these engagements reflects not only myself but AMP and the Partnership of Iowa Foster Care Youth Councils. I understand that I am not only a representative of myself but also a representation of other AMP Council members and the group as a whole.
• I understand that my choices and behavior at home, in the community, in school, and in public are representative of myself, as well as AMP, and any negative behavior may result in consequences, including a temporary “suspension” and possible permanent “exclusion” from being able to attend AMP meetings and participate in AMP activities (such as social events and speaking engagements). The consequence of the negative behavior will depend on the type and extent of the behavior and will be determined by the AMP Central Council, program staff, the Council Facilitator and/or the AMP/TAHT Manager, depending on the circumstances.

________________________________   ______________________________________
Name                                    Date

________________________________   ______________________________________
AMP Representative                      Date

Nothing about us without us!
What is AMP?
AMP is a youth-driven, statewide group that seeks to unleash the full potential for personal growth among foster/adoptive and kinship children in Iowa. AMP offers leadership opportunities, service learning projects, speaking opportunities, and educational/vocational assistance. AMP also provides the life skills youth need to become self-sufficient, independent adults.

Summarized by the motto, “Nothing about us, without us,” AMP is a youth engagement program. AMP involves young people as advocates for themselves and as a voice for system-level improvements in child welfare policies and practices. When supported through productive partnerships with adults, youth can be authoritative advocates for making foster care more responsive and effective.

Who are AMP Youth?
AMP members are ages 13 and up who have been involved in foster care, adoption or other out-of-home placements.

What do AMP Youth Do?
- Train to become advocates for themselves and others.
- Participate in valuable leadership opportunities.
- Develop their voices by telling their own stories.
- Educate legislators, foster parents, the public, child welfare professionals and juvenile court representatives about foster care and adoption from a youth perspective.
- Build youth/adult partnerships in the community that create opportunities for service learning.
- Encourage others to open their homes to teens in foster care or those available for adoption.
- Provide understanding, support and encouragement to one another.
- Gain the life skills necessary to become healthy, independent adults.
- Explore educational/vocational options to chart their path to become successful, productive adults.
What do AMP Youth Hope to Accomplish?
Help foster youth to become independent adults who can successfully educate others about the child welfare system and take an active role in making life better for themselves and others in foster care.

Share a skill, talent, or hobby:
The majority of youth who reach adulthood while in foster care do not get the chance to develop critical life skills—skills that enable others their age to succeed. Please consider sharing your skills and knowledge with our young people. You can help them build a resume, fill out a job or college application, or understand personal finances, to name a few.

Donate a service or a product:
Teens leaving foster care have many needs that other teens coming of age are provided by their biological families. Furnishings, sheets, blankets, personal hygiene products, cleaning supplies, towels, kitchen supplies and more are all items these youth will need to live independently.

AMP Ames Council meets every 2nd Thursday of the month at Youth & Shelter Services 420 Kellogg in downtown Ames.
Council meetings are held in the Foster Activity Center on the third floor from 6:00-7:30pm. The Foster/Adoptive Parent support group meets at the Family Life Center, 125 S. 3rd street to Ames on the 2nd Thursday of the month and offers training to parents from 6:00-8:00pm. September-May.

CONTACT
Terri Bailey
515-249-7080
ebailey@jss.com

AMP Headquarters
Family Life Center
125 S. 3rd
Ames, IA 50010

Visit our website for locations and time of local council meetings.

www.ampiowa.org
Minor Release and Waiver of Liability for Participation in Special AMP Activities

This release and waiver of liability relates to the following specific AMP activity:

**Variety AMP Camp, June 21-27, 2017**  
Forest Lake Camp, 11732 Copperhead Rd., Bloomfield, IA 52537

IN CONSIDERATION for the allowing the MINOR designated below to participate in ACTIVITY specified above, which may include TRAVEL, EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs and next of kin agree:

1. THE PARENT OR GUARDIAN will assess situations and activities of the AMP travel, event, retreat and/or conference noted and warrant that the MINOR’S participation in the Activity constitutes an acknowledgement that he/she finds it safe and reasonably suited for the purpose of the Activity. The undersigned agrees that if at any time he/she believes something is unsafe, he/she will bring it to the attention of the AMP Council Facilitator, Statewide Coordinator, or Assistant Coordinator and he/she will remove himself/herself from the Activity and the MINOR will withdraw from participation in the Activity.

2. THE PARENT OR GUARDIAN ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of Releases (as identified below) or otherwise, during the AMP Activity for any purpose including speaking, observing, working or participating in the Activity. The undersigned recognizes and understands that there are risks and dangers associated with participating in the Activity that could cause severe bodily injury, disability and death. Further, the risks and dangers may be caused by the negligent failure to act of the Releases and others. All of the risks and dangers associated in the activity are assumed notwithstanding.

3. THE PARENT OR GUARDIAN and their personal representatives, assigns, executors, heirs, and next of kin, release, waive, discharge and covenant not to sue the promoters, participants, association, sanctioning organizations, (or any affiliates thereof), officials, sponsors and advertisers used to conduct the Activity, and representatives (all for the purpose herein referred to as (“Releases”), from any and all liability, claims, demands, actions, causes of action, judgments, expenses, losses or damages incurred by the MINOR on account of any injury, including, but not limited to the death or injury of the MINOR or damage to property, all of which is caused or alleged to be caused in whole or in part in any way, including but not limited to, the negligence of the Releases or otherwise.

4. THE PARENT OR GUARDIAN hereby agrees to indemnify and save and hold harmless, the Releases and each of them from any and all claims, demands, actions, causes of action, judgments, expenses, losses or damages (including attorney fees) incurred by the Releases resulting from any injuries (including death), loss, liability or damage that may occur to the MINOR or their property due to any manner or degree to the presence of the MINOR during the AMP Activity, or in any way while participating in the Activity, and whether caused by negligence or the Releases or otherwise. The PARENT OR GUARDIAN further recognizes and agrees he/she is executing the Waiver and Release of Liability and Indemnity Agreement on behalf of the MINOR.

5. THE PARENT OR GUARDIAN authorizes any medical treatment, including the administration of anesthesia, deemed advisable by any licensed physician to relieve any injuries or illness suffered by the MINOR while a participant or observer at the Activity.

6. THE PARENT OR GUARDIAN agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releases, INCLUDING NEGLIGENT RESCUE OPERATIONS, and is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.
Minor Consent for Camp Activity and Transportation

In the case of an unplanned transportation need during camp attendance, I/we give my/our consent to allow _________________________________________ to be transported by a Youth and Shelter Services Staff who has undergone background checks and signed a confidentiality agreement. This responsible adult will be transporting my child with their own personal vehicle.

I/We give my/our consent to allow __________________________________________ to participate in possible activities, including swimming pool with a lifeguard; canoeing; riflery; archery; camping; rope programs; and horse riding during attendance at Camp. It is our understanding that my child will be under the supervision of Camp staff member for the duration of activities.

I indemnify and agree to hold Youth and Shelter Services, Inc., its agents and employees harmless of all actions, causes of action, damages, claims, or demands which I, my heir executors, administrators, or assigns may have against it for all personal injuries known or unknown which the above-named youth has or may incur by participating in the above activity.

I have read this consent form and understand all its terms.

__________________________________________  __________________________________________
Youth                                                                                     Date

__________________________________________  __________________________________________
Signature of Parent or Guardian                                                            Date

__________________________________________  __________________________________________
Representing AMP                                                                            Date
Minor Media Release Agreement

I, ________________________________________, hereby □ give or □ do not give (please check choice) AMP, its legal representatives and assigns, those for whom AMP is acting, and those acting with its authority and permission:

a) the unrestricted right and permission to copyright and use, re-use, publish, and republish in print, video, social media, or upon World Wide Web sites any or all photographic portraits, video or audio of me or in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.

b) I also permit the use of any printed material in connection therewith.

c) I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.

d) I hereby release, discharge and agree to hold harmless AMP, its legal representatives or assigns, and all persons functioning under its permission or authority, or those for whom it is functioning, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or videos in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I understand that the primary function of this portrayal is to represent the function of AMP programs. I do not expect to receive any compensation for the use of my image, likeness, voice, or music, and do hereby donate to AMP, the use of the same.

My signature below indicates I have read and understand the above and agree to abide by the contents herein.

Should the undersigned wish to revoke their consent, AMP will, upon receipt of a written request, nullify this agreement.

_________________________________________  ______________________________
Signature of Subject                          Date

_________________________________________  ______________________________
Signature of Parent or Guardian               Date

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Minor Release and Waiver of Liability for Participation in AMP Activities

IN CONSIDERATION for the allowing the MINOR designated below to participate in various ACTIVITIES including AMP MEETINGS, COMMUNITY EVENTS, SPEAKING ENGAGEMENTS, IOWA LEGISLATURE “DAY ON THE HILL”, SERVICE PROJECTS, CONFERENCES and TRAVEL; EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs and next of kin agree:

1. THE PARENT OR GUARDIAN will assess situations and activities of the AMP travel, event, retreat and/or conference noted and warrant that the MINOR’S participation in the Activity constitutes an acknowledgement that he/she finds it safe and reasonably suited for the purpose of the Activity. The undersigned agrees that if at any time he/she believes something is unsafe, he/she will bring it to the attention of the AMP Council Facilitator, AMP/TAHT Manager, or Assistant Coordinator and he/she will remove himself/herself from the Activity and the MINOR will withdraw from participation in the Activity.

2. THE PARENT OR GUARDIAN ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of Releasees (as identified below) or otherwise, during the AMP Activity for any purpose including speaking, observing, working or participating in the Activity. The undersigned recognizes and understands that there are risks and dangers associated with participating in the Activity that could cause severe bodily injury, disability and death. Further, the risks and dangers may be caused by the negligent failure to act of the Releasees and others. All of the risks and dangers associated in the activity are assumed notwithstanding.

3. THE PARENT OR GUARDIAN and their personal representatives, assigns, executors, heirs, and next of kin, release, waive, discharge and covenant not to sue the promoters, participants, association, sanctioning organizations, (or any affiliates thereof), officials, sponsors and advertisers used to conduct the Activity, and representatives (all for the purpose herein referred to as (“Releasees”), from any and all liability, claims, demands, actions, causes of action, judgments, expenses, losses or damages incurred by the MINOR on account of any injury, including, but not limited to the death or injury of the MINOR or damage to property, all of which is caused or alleged to be caused in whole or in part in any way, including but not limited to, the negligence of the Releasees or otherwise.

4. THE PARENT OR GUARDIAN hereby agrees to indemnify and save and hold harmless, the Releasees and each of them from any and all claims, demands, actions, causes of action, judgments, expenses, losses or damages (including attorney fees) incurred by the Releasees resulting from any injuries (including death), loss, liability or damage that may occur to the MINOR or their property due to any manner or degree to the presence of the MINOR during the AMP Activity, or in any way while participating in the Activity, and whether caused by negligence or the Releasees or otherwise.

The PARENT OR GUARDIAN further recognizes and agrees he/she is executing the Waiver and Release of Liability and Indemnity Agreement on behalf of the MINOR.
5. THE PARENT OR GUARDIAN authorizes any medical treatment, including the administration of anesthesia, deemed advisable by any licensed physician to relieve any injuries or illness suffered by the MINOR while a participant or observer at the Activity.

6. THE PARENT OR GUARDIAN agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, INCLUDING NEGLIGENT RESCUE OPERATIONS, and is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

7. THE PARENT OR GUARDIAN agrees to communicate to the MINOR that the MINOR shall abide by the following RULES AND REGULATIONS and CODE OF CONDUCT:

A. All bags, backpacks, or personal items are subject to inspection at any time
B. General safety and respect for other participants will be expected at all times. The following behaviors shall be considered detrimental and may result in expulsion from the Activity:
   1. Willful damage or vandalism to Activity location or individual personal property
   2. Possession of fireworks or weapons of any kind
   3. Possession or use of alcohol, tobacco, or any controlled substances
   4. Willful or consistent misbehavior considered to be disruptive to the Activity or to other participants
   5. Failure to comply with Activity rules or with requests made by Activity Staff and Administrators

8. Any photographs, videotaping or other records of the Participant at the Activity may be used to promote future AMP Activities. This includes, but is not limited to, use of a Participant’s photograph and video on the AMP web site, printed billboards, brochures or other promotional materials.

I, the parent or guardian listed below have read and voluntarily sign the waiver and release of liability and indemnity agreement and do so voluntarily and with the understanding that substantial rights are being given up. I further acknowledge that failure to witness or notarize this agreement shall not affect its validity.

PARENT OR GUARDIAN INFORMATION
Name of parent or Guardian (please print):__________________________________________________________

Signature of Parent or Guardian: __________________________________________________________________

Date: ________________________________         Check one: ☐ Father ☐ Mother ☐ Guardian

Telephone Number: ___________________________________________________________________________

Address: ______________________________________________________________________________________

I HAVE READ AND UNDERSTAND THE CONTENT OF THIS RELEASE

Note: A Minor is youth under the age of eighteen years.

MINOR INFORMATION
Name of Minor (please print)____________________________________________________________________

Signature: _____________________________________________________________________________________

Date: ________________________________         Telephone Number: ________________________________

Address: _____________________________________________________________________________________

Date of Birth: ________________________________

Emergency Contact Name: ________________________________________________________________

Phone number of Emergency Contact person: ________________________________________________
Minor Release and Waiver of Liability for Participation in Special AMP Activities

This release and waiver of liability relates to the following specific AMP activity: __________________________

________________________________
________________________________
________________________________

IN CONSIDERATION for the allowing the MINOR designated below to participate in ACTIVITY specified above, which may include TRAVEL, EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs and next of kin agree:

1. THE PARENT OR GUARDIAN will assess situations and activities of the AMP travel, event, retreat and/or conference noted and warrant that the MINOR’S participation in the Activity constitutes an acknowledgement that he/she finds it safe and reasonably suited for the purpose of the Activity. The undersigned agrees that if at any time he/she believes something is unsafe, he/she will bring it to the attention of the AMP Council Facilitator, AMP/TAHT Manager, or Assistant Coordinator and he/she will remove himself/herself from the Activity and the MINOR will withdraw from participation in the Activity.

2. THE PARENT OR GUARDIAN ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of Releasees (as identified below) or otherwise, during the AMP Activity for any purpose including speaking, observing, working or participating in the Activity. The undersigned recognizes and understands that there are risks and dangers associated with participating in the Activity that could cause severe bodily injury, disability and death. Further, the risks and dangers may be caused by the negligent failure to act of the Releasees and others. All of the risks and dangers associated in the activity are assumed notwithstanding.

3. THE PARENT OR GUARDIAN and their personal representatives, assigns, executors, heirs, and next of kin, release, waive, discharge and covenant not to sue the promoters, participants, association, sanctioning organizations, (or any affiliates thereof), officials, sponsors and advertisers used to conduct the Activity, and representatives (all for the purpose herein referred to as (“Releasees”), from any and all liability, claims, demands, actions, causes of action, judgments, expenses, losses or damages incurred by the MINOR on account of any injury, including, but not limited to the death or injury of the MINOR or damage to property, all of which is caused or alleged to be caused in whole or in part in any way, including but not limited to, the negligence of the Releasees or otherwise.

4. THE PARENT OR GUARDIAN hereby agrees to indemnify and save and hold harmless, the Releasees and each of them from any and all claims, demands, actions, causes of action, judgments, expenses, losses or damages (including attorney fees) incurred by the Releasees resulting from any injuries (including death), loss, liability or damage that may occur to the MINOR or their property due to any manner or degree to the presence of the MINOR during the AMP Activity, or in any way while participating in the Activity, and whether caused by negligence or the Releasees or otherwise. The PARENT OR GUARDIAN further recognizes and agrees he/she is executing the Waiver and Release of Liability and Indemnity Agreement on behalf of the MINOR.
5. THE PARENT OR GUARDIAN authorizes any medical treatment, including the administration of anesthesia, deemed advisable by any licensed physician to relieve any injuries or illness suffered by the MINOR while a participant or observer at the Activity.

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7. THE PARENT OR GUARDIAN agrees to communicate to the MINOR that the MINOR shall abide by the following RULES AND REGULATIONS and CODE OF CONDUCT:
   A. All bags, backpacks, or personal items are subject to inspection at any time.
   B. General safety and respect for other participants will be expected at all times. The following behaviors shall be considered detrimental and may result in expulsion from the Activity:
      • Willful damage or vandalism to Activity location or individual personal property.
      • Possession of fireworks or weapons of any kind.
      • Possession or use of alcohol, tobacco, or any controlled substances.
      • Willful or consistent misbehavior considered to be disruptive to the Activity or to other participants.
      • Failure to comply with Activity rules or with requests made by Activity Staff and Administrators.

8. Any photographs, videotaping or other records of the Participant at the Activity may be used to promote future AMP Activities. This includes, but is not limited to, use of a Participant’s photograph and video on the AMP web site, printed billboards, brochures or other promotional materials.

I, the parent or guardian listed below have read and voluntarily sign the waiver and release of liability and indemnity agreement and do so voluntarily and with the understanding that substantial rights are being given up. I further acknowledge that failure to witness or notarize this agreement shall not affect its validity.

PARENT OR GUARDIAN INFORMATION
Name of parent or Guardian (please print): __________________________________________________________

Signature of Parent or Guardian: ________________________________________________________________

Date: __________________________ Check one:  □ Father □ Mother □ Guardian

Telephone Number: ____________________________________________________________

Address: ____________________________________________________________

I HAVE READ AND UNDERSTAND THE CONTENT OF THIS RELEASE

Note: A Minor is youth under the age of eighteen years.

MINOR INFORMATION
Name of Minor (please print) ________________________________________________________________

Signature: _____________________________________________________________________________

Date: __________________________ Telephone Number: _________________________________

Address: ____________________________________________________________

Date of Birth: _________________________________

Emergency Contact Name: _________________________________

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AMP Operations Manual

Phone number of Emergency Contact person: ________________________________
AMP Monthly Billing

AMP Partnership of Iowa Foster Care Youth Councils
July 2017 - June 2018 (Year VI)
Monthly Billing Form (due by the 10th of each month)

Send to: Chastity Schonhorst
AMP Bookkeeper
Youth & Shelter Services Inc.
420 Kellogg Ave PO Box 1628
Ames, Iowa 50010
Email: cschonhorst@yss.ames.ia.us
Fax: 515-663-9935
Phone: 515-233-3141, Ext. 4431

Agency (name and address):

Month/Year (billing period covered):

<table>
<thead>
<tr>
<th>New Youth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Part I: AMP Council Meetings</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. AMP Council meetings of less than 10 participants (up to $201 per meeting)</td>
<td>Number of participants attending</td>
</tr>
<tr>
<td>Meeting 1 Date:</td>
<td></td>
</tr>
<tr>
<td>Meeting 2 Date:</td>
<td></td>
</tr>
<tr>
<td>B. AMP Council Meetings of 10 to 14 participants (up to $401 per meeting)</td>
<td>Number of participants attending</td>
</tr>
<tr>
<td>Meeting 1 Date:</td>
<td></td>
</tr>
<tr>
<td>Meeting 2 Date:</td>
<td></td>
</tr>
<tr>
<td>C. AMP Council Meetings of 15 to 20 participants (up to $457 per meeting)</td>
<td>Number of participants attending</td>
</tr>
<tr>
<td>Meeting 1 Date:</td>
<td></td>
</tr>
<tr>
<td>Meeting 2 Date:</td>
<td></td>
</tr>
<tr>
<td>D. AMP Council Meetings of 20 or more participants (up to $512 per meeting)</td>
<td>Number of participants attending</td>
</tr>
<tr>
<td>Meeting 1 Date:</td>
<td></td>
</tr>
</tbody>
</table>

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### AMP Operations Manual

#### Part II: Travel Reimbursement for AMP Facilitator

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose (meetings, trainings, etc.)</th>
<th>Miles (to and from destination)</th>
<th>Rate (up to 39¢ per mile)</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0.39</td>
<td>0.39</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.39</td>
<td>0.39</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.39</td>
<td>0.39</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Subtotal Travel** $0.00

#### Part III: Reimbursement for Stipends and Gift Cards (Up to $100 per month for support volunteer stipends & $25/mo for youth gift cards)

<table>
<thead>
<tr>
<th>Name of Participant/Support Volunteer</th>
<th>Amount</th>
<th>to Participant</th>
<th>to Support Vol.</th>
<th>List Type (Stipend, Gift Card, Other)</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal Stipends and Gift Cards** $0.00

#### Part IV: Reimbursement for Food and Supplies for AMP Council Meetings (Up to $1.00 per youth per meeting)

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### AMP Operations Manual

<table>
<thead>
<tr>
<th>Meeting 1 Date:</th>
<th>Number Attended:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meeting 2 Date:</th>
<th>Number Attended:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal Food and Supplies** $0.00

**Grand Total** $0.00

Submitted By:

<table>
<thead>
<tr>
<th>Subcontractor Agency</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Approved by

<table>
<thead>
<tr>
<th>AMP/TAHT Manager</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Notice of Decision Regarding Record Check Evaluation for Youth 18 Years and Older

Youth Name: ____________________________________________________________

A check of criminal and child abuse records resulted in the following criminal conviction and/or founded child abuse:

- **Criminal Conviction**
  - Date: ________________
  - Crime: ________________________________________________________________

- **Founded Child Abuse**
  - Date: ________________
  - Abuse: ________________________________________________________________

A review of the crime and/or abuse indicated above was completed, at the request of the youth, upon completion of form “AMP Record Check Evaluation Request for Youth 18 Years and Older”, dated ______________________, describing the incident and the efforts the youth has made to change the behavior or correct the situation and why the youth thinks his/her participation in AMP should be approved, in spite of the crime or abuse.

Upon consideration by AMP administrators of the crime and/or abuse and the information provided by the youth describing changes or corrections made, it has been determined that the youth: ☐ cannot ☒ participate in AMP meetings, activities or events. This decision by AMP administrators is final.

The youth may participate in AMP through access to the AMP website, AMP Facebook account and special projects as determined by the Council Facilitator, where he/she will not be a safety risk to other AMP youth.

__________________________________________  Council Facilitator
__________________________________________  Date

__________________________________________  AMP Youth
AMP Operations Manual

NOTIFICATION OF POSITIVE RESULTS OF CRIMINAL AND/OR CHILD ABUSE CHECKS FOR YOUTH 18 YEARS AND OLDER

Youth Name: ____________________________________________________________

A check of criminal and child abuse records resulted in the following criminal conviction and/or founded child abuse:

- **Criminal Conviction**
  - Date: ________________ Crime: _________________________________________

- **Founded Child Abuse**
  - Date: ________________ Abuse: ________________________________________

Due to the crime and/or abuse listed above, you will not be able to participate in AMP activities or events unless you request of the Council Facilitator within 14 days that your criminal and/or child abuse record be evaluated to determine if the crime or founded abuse warrants prohibiting you from participating in AMP meetings, activities or events or if changes made by you and/or treatment received indicates that you do not pose a safety risk to other AMP youth.

To request the criminal and/or child abuse evaluation, you must complete the form “AMP Record Check Evaluation Request for Youth 18 Years and Older”, describing the incident and the efforts you have made to change your behavior or correct the situation and why you think your participation in AMP should be approved, in spite of the abuse or crime. If you request an evaluation, it will be completed by AMP administrators within 14 days and you will be notified if you may participate in AMP activities. The decision of the AMP administrators is final.

________________________________________________
Council Facilitator

________________________________________________
Date

________________________________________________
AMP Youth
### Outcomes Database Sheet

<table>
<thead>
<tr>
<th>Names</th>
<th>Answer questions: Yes or No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Client Here</td>
<td></td>
</tr>
<tr>
<td>New Member</td>
<td></td>
</tr>
<tr>
<td>Continuing Member</td>
<td></td>
</tr>
<tr>
<td>Exposed to personal rights</td>
<td></td>
</tr>
<tr>
<td>Have set goals</td>
<td></td>
</tr>
<tr>
<td>Experienced leadership role</td>
<td></td>
</tr>
<tr>
<td>Did youth participate in</td>
<td></td>
</tr>
<tr>
<td>community events representing AMP?</td>
<td></td>
</tr>
<tr>
<td>Did youth participate in</td>
<td></td>
</tr>
<tr>
<td>training events</td>
<td></td>
</tr>
</tbody>
</table>

This information will be collected for our Ed/Vocation position as it is tied to funding. It is to be collected and submitted to staff upon a pre-set schedule.
Participation Exclusion Notification

PARTICIPANT NAME: ____________________________________________________________

REASON(S) FOR EXCLUSION: ______________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

If you wish to return to AMP participation, you will be asked to present a request in writing to the Council Facilitator, explaining the change(s) in your behavior, thinking or counseling/therapy that you have received which indicate that you will be a positive member of AMP in the future. You will be asked to meet with the Council Facilitator to discuss your request to return to AMP and a decision regarding your return will be made by the Council Facilitator and the AMP/TAHT Manager.

_________________________________  ________________________________
AMP/TAHT Manager                          Council Facilitator

_________________________________
Date

_________________________________
AMP Youth
Participation Exclusion “Request to Return” Decision

Participant Name: ____________________________________________________________

Request to return to AMP received on: __________________________________________

Youth met with ________________________ on: ________________________________

Decision was made that youth may: ☐ may not: ☐ return to AMP

___________________________________ __________________________
AMP Central Council                  Council Facilitator

___________________________________ __________________________
AMP Central Council                  Council Facilitator

Date: ________________________________

***************************

Youth informed of decision on: ________________________________________________

___________________________________
AMP Youth

___________________________________
Council Facilitator
Participation Suspension Notification

Participant Name: ____________________________________________________________

Reason(s) for Suspension: _____________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Period of Suspension: _________________________________________________________

If you wish to return to AMP participation following this suspension period, you will be asked to make a request in writing to the:

☐ AMP Central Council
☐ Council Facilitator
☐ AMP/TAHT Manager

explaining the change(s) that will occur which indicate that you will be a positive member of AMP in the future. You will be asked to meet with the individuals who determined the suspension to discuss your request to return to AMP and a decision regarding your return will be made.

__________________________________________
Council Facilitator

__________________________________________
Date

__________________________________________
AMP Youth

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Participation Suspension “Request to Return” Decision

Participant Name: ________________________________________________________________

Request to return to AMP received on: _____________________________________________

Youth met with: ____________________________________________ on: ______________

Decision was made that youth may: ☐ may not: ☐ return to AMP

_____________________________________________ ______________________________
AMP Central Council Council Facilitator

_____________________________________________ ______________________________
AMP Central Council Council Facilitator

Date: _______________________________________________________________________

***************************

Youth informed of decision on: _______________________________________________

____________________________________________________________________________

AMP Youth

____________________________________________________________________________

Council Facilitator

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Record Check Evaluation Request for Youth 18 Years and Older

Person Requesting Evaluation: __________________________________________________________

Address: __________________________________________________________________________

Phone number: _______________________________________________________________________

Description of the Incident (completed by person requesting evaluation)

1. Describe type of crime or child abuse in which you were involved:
   a. Date: _________________________________________________________________________
   b. Location: ______________________________________________________________________
   c. Circumstances: __________________________________________________________________
   d. Others involved, including the victim: _____________________________________________
   e. Age of the victim: __________________________________________________________________
2. Describe your efforts to change your behavior or correct the situation. Include restitution, time in jail, parenting classes, counseling, therapy, or other things that you have done. (You may attach supporting documents.)

3. Explain why you think your participation in AMP should be approved in spite of the abuse or crime described above.

4. If anyone has ever previously evaluated your record, give the date and results.

Signed ____________________________

Date ____________________________
AMP Operations Manual

YOUTH SURVEY – 2018

Please feel free to skip any questions that you are not comfortable with or ready to answer.

Council Location: _________________________

Your Age: ________

Gender: _____ Female _____ Male _____ Other

Which race or ethnicity do you most closely identify with? (Choose one)

_____ African American or Black _____ American Indian

_____ Asian _____ Hispanic or Latino _____ Multiracial

_____ Native Hawaiian or Pacific Islander _____ White

About how long have you been involved with AMP?

_____ More than 2 years

_____ Between 1 and 2 years

_____ Between 6 and 12 months

_____ Less than 2 months

_____ This is my first meeting/event

Because of my participation in AMP...

________ I have had a chance to develop skills that may be useful later in life. (Like conflict resolution, cooking, banking)

Agree Somewhat agree Not sure Somewhat disagree Disagree

________ I have had new opportunities to engage with my community. (Like community service, speaking events)

________ I feel like I have built some positive relationships with my peers or made new friends.

________ I feel like I can help make positive change in foster care policy.

1. Do you feel like you have a meaningful relationship with at least one adult? A meaningful relationship is with someone you can really count on. (Like AMP staff, parent, mentor, foster parent, facility staff, counselor, teacher, etc.)

☐ Yes ☐ No ☐ Decline ☐ Too soon to tell

2. Has AMP provided you information about supports and services available to you? (Like Aftercare, Transition planning, health insurance)

☐ Yes ☐ No ☐ Decline ☐ Too soon to tell

3. Do you think AMP staff understand the foster care system (or juvenile justice system)?

☐ Yes ☐ No ☐ Decline ☐ Too soon to tell

4. Have you had at least one experience in the past year where you practiced leadership in AMP? (Like lead part of a meeting, volunteer to speak, help set up a meeting)

☐ Yes ☐ No ☐ Decline ☐ Too soon to tell

5. In one word or a short phrase, how does being part of AMP make you feel?

Use the back of this form to share other comments or thoughts.

Nothing about us without us!
School Absence Request

__________________________________________
Date

______________________________________________ is a member of Achieving Maximum Potential (AMP), which is a state funded youth driven statewide organization that seeks to unleash the full potential for personal growth among foster care, adoptive and kinship teens. We are located throughout Iowa and prepare system-involved youth for adulthood, beginning at age thirteen, by teaching life skills, offering leadership opportunities and connecting youth to their communities.

Our members speak to several professionals such as social workers, lawyers, judges, legislators and foster parents in order to make positive changes in the foster care system. They also attend conferences and trainings to learn the skills to become self-sufficient, independent adults.

Some of these events occur during school hours so we will appreciate your willingness to excuse this teen from school to attend this event. Young people will experience first-hand how to be an instrument of change in their government and communities and how to personally “reach their maximum potential”.

This youth is attending to:

☐ Speak to Legislators at the State Capital
☐ Speak to Child Welfare Professionals
☐ Attend a community event
☐ Attend a conference or training

Thank you for your cooperation in this matter.

Ruth Buckels
AMP/TAHT Manager
Achieving Maximum Potential (AMP)

www.ampiowa.org
# Special Event Attendance

**Council:** ____________________  **Date:** ____________________

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AMP Support Volunteer Honorarium Tracking

Council________________________

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<th>Name</th>
<th>Mo/Day/Yr</th>
<th>Support Provided</th>
<th>Gift Card Number</th>
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State of Iowa Criminal History Record Check Request Form

STATE OF IOWA
Criminal History Record Check Request Form

DCI Account Number: ________________________
(if applicable)

From: ______________________________________

Phone: ____________________________________

Fax: ______________________________________

I am requesting an Iowa Criminal History Record Check on:

<table>
<thead>
<tr>
<th>Last Name (mandatory)</th>
<th>First Name (mandatory)</th>
<th>Middle Name (recommended)</th>
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Date of Birth (mandatory) | Gender (mandatory) | Social Security Number (recommended)

[ ] Male [ ] Female

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Signature: ______________________________________

Iowa Criminal History Record Check Results

As of ________________, a search of the provided name and date of birth revealed:

[ ] No Iowa Criminal History Record found with DCI

[ ] Iowa Criminal History Record attached, DCI # _____________

DCI initials _____________

DCI-77 (08/25/10)
Waiver Information:

Iowa law does *not* require a waiver. However, without a signed waiver from the subject of the request any arrest over 18 months old, *without* a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed waiver from the subject of the request.

If the “No Iowa Criminal History Record found with DCI” box is checked, it could mean that the information on file is not releasable per Iowa law without a waiver.

General Information:

The information requested is based on *name* and *exact date of birth only*. Without fingerprints, a *positive* identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) *only*. The DCI files do not include other states’ records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a *deferred judgment* is *not* considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A *deferred sentence* is a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:30 p.m., Monday - Friday.

**REMINDE**r - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees’ record checks.
Variety AMP Camp Youth Application

Date TBA
FOREST LAKE CAMP – 11733 Copperhead Road, Bloomfield, IA 52537

Name ___________________________________________ Age __________

AMP Council Member: Yes ☐ No ☐ Adult shirt size ___________

Your Cell Phone ___________________ Home Phone __________________

Your Email Address ____________________________________________

Names of Adult(s) You Currently Live With _________________________

Relationship to You _____________________________________________

Adult(s) Cell Phone ________________ Work Phone _________________

Email Address __________________________________________________

Name of Adult Who Has Guardianship _________________________________

Relationship to You _____________________________________________

Cell Phone ______________________ Work Phone ____________________

Email Address __________________________________________________

**AMP** is looking for current AMP members age 15 and older, who are interested in becoming leaders in your council as well as your community, to attend Variety AMP Camp at no cost. Youth that are not current AMP members will also be considered to attend. Your attendance is based on the application below and your willingness and ability to follow our "Expectations of a Variety AMP Camper" which is posted on the AMP website (www.ampiowa.org). Please return your completed application to your AMP Facilitator by May 1, 20**.
1. Would you characterize yourself as a positive person? If yes, why?

2. What qualities do you think a person needs to become a self-sufficient young adult?

3. Describe the skills you have to interact with new people and make new friends.

4. Describe a time in your life when you displayed qualities of leadership (for example volunteered to help at an AMP council meeting, volunteered at church, led a group at school, etc.).

5. Describe a time when you worked in a team setting (for example, what role you took, what you offered to the team, what the team accomplished, etc.)

6. In preparation for your time at Variety AMP camp, what are your favorite snack foods?
Variety AMP Camp Mentor Application

FOREST LAKE CAMP – 11733 Copperhead Road, Bloomfield, IA 52537

Name of Mentor Applicant _________________________________ Age_________________

AMP Council Member Yes ☐ No ☐

Adult Shirt Size ___________

Estimated round trip miles from home to camp______________________________
(You will be reimbursed $.35/mile)

Your Cell Phone___________________________ Home Phone_____________________________

Your Mailing Address____________________________________________________________

Your Email Address_______________________________________________________________

Emergency Contact Person_________________________________________________________

Relationship to You_______________________________________________________________

Their Cell Phone _______________ Their Work Phone_______________________________

Case Manager/Self-Sufficiency Advocate_____________________________________________

Their Cell Phone _______________ Their Work Phone _________________________________

AMP is looking for young adults ages 18-22, who have attended Variety AMP Camp a previous year, or are participants in Aftercare, PAL or TLP, to serve as mentors at Variety AMP Camp. Your attendance is based on the application below and your willingness and ability to follow our "Duties of a 2017 Variety AMP Camp Mentor" which is posted on the AMP website (www.ampiowa.org).
There is no charge for your camp attendance as a mentor; you will receive a $200 stipend for your volunteer leadership and be reimbursed your cost to travel to and from camp. Please return your completed application to your AMP Facilitator, Case Manager or Self-Sufficiency Advocate by May 1, 20**.

1. Why are you interested in serving as a mentor at Variety AMP Camp?

2. Why would you be a good mentor/role model for AMP youth during this week at Variety AMP Camp? Please explain:

3. What qualities do you have that are helping you become a self-sufficient young adult?

4. Would you say you have the patience and confidence in your own skills to teach a youth about living on their own? If yes, tell us why.
5. What are the most important things a youth needs to know about peer relationships?

6. Describe a time when you worked on a team to reach a goal (for example, at school, in a job, at church, in a club, etc.).

7. What do you hope to get out of your Variety AMP Camp mentoring experience?

8. Please provide the name and contact information for someone who can comment on your skills as a mentor (employer, teacher, Case Manager, Self-Sufficiency Advocate, adult friend, etc.)

   Name:__________________________________________________________

   Phone:(_____)(_____)_________________email:__________________________

   __________________________________________________________________

   Your Signature ___________________________ Date ____________________
AMP Youth Honorarium Tracking

Council ___________________________ Period Covered: ___________________________

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<th>Date</th>
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<th>Speech</th>
<th>Article, Poem, Art, Story</th>
<th>Card Number</th>
<th>Signature of Participant</th>
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Youth Interview Sheet to Tell Your Story

TELLING YOUR STORY

One of the most important things to remember when being interviewed to “tell your story” is to be yourself; acting and speaking naturally will sound the best, when it is shared in the specific setting. It is important that you speak clearly and at a regular speed; a fast talker is very hard to understand!

COMMUNICATION TIPS

- First name only (no need to share your last name)
- Age you are now and what year in school (Do not share the name of your school, but rather you can say “large”, “small” or “urban” high school)
- If you talk about where you live, use general terms such as “central Iowa” or “small town”, treatment facility, group home, foster home, shelter, etc.
- When talking about family or friends, DO NOT share your names; you can say birth family, foster family, shelter staff, social worker, etc.
- Let’s talk about your life journey...
  - Give a short explanation of why you came into care or why you are at your current placement
  - What are some of hardest issues you really struggle with every day?
  - What have you learned about yourself during this journey?
  - Any advice you could give other teens that might be in your same situation?
  - Has there been a turning point in your life?
  - What are your plans for the future?
Youth JCS Flyer

Top Ten Things Teens Say Are Important in a Youth – Juvenile Court Officer Relationship

1. Listen to us – be open minded and relaxed around us.

2. Be positive, understanding, and supportive.

3. Get to know us as the people we are now – please don’t judge us by something you read in our file before you meet us.

4. Let us tell you our story – be patient when it takes a while to open up to you; don’t expect perfection.

5. Build a relationship with us – stay involved and dedicated to our cases.

6. Be honest and straightforward with us – we can read your body language.

7. Follow through with what you say – no broken promises!

8. Use the team approach that includes youth voices in decision making.

9. Pay attention to our safety – if we say we’re not safe, take it seriously!

10. Our lives are more than just a game, so make sure you investigate ALL sides of a situation (parents & youth).

Nothing About Us, Without Us

Revised 9/14

Achieving Maximum Potential

Nothing about us without us!
Youth Social Worker Flyer

Top Ten Things AMP Teens Say Are Important in a Youth – Social Worker Relationship

1. Listen to us – be open minded and relaxed around us.

2. Be positive, understanding and supportive.

3. Get to know us as the people we are now – please don’t judge us by something you read in our file before you meet us.

4. Let us tell you our story – be patient when it takes a while to open up to you; don’t expect perfection.

5. Build a relationship with us – stay involved and dedicated to our cases.

6. Be honest and straight forward with us – we can read your body language.

7. Follow through with what you say – no broken promises!

8. Use the team approach that includes youth voice and decision making.

9. Pay attention to our safety – if we say we’re not safe take it seriously!

10. Our lives are more than just a game, so make sure you investigate ALL sides of a situation (parents & youth).
Youth Social Worker – JCS Flyer

Top Ten Things Teens Say Are Important in a Youth – Social Worker/Juvenile Court Officer Relationship

1. Listen to us – be open minded and relaxed around us.

2. Be positive, understanding, and supportive.

3. Get to know us as the people we are now – please don’t judge us by something you read in our file before you meet us.

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9. Pay attention to our safety – if we say we’re not safe, take it seriously!

10. Our lives are more than just a game, so make sure you investigate ALL sides of a situation (parents & youth).

Nothing About Us, Without Us
Youth Speaker Request Form

To be completed with YPII or DHS via phone or email conversation

Date: ____________________________ Response Needed: ____________________________

Contact person: ________________________________________________________________

Phone: (H) ____________________________ (W) ____________________________

Fax: __________________________________ Email: ____________________________

Group name and brief description: ______________________________________________

____________________________________________________________________________

Date of Meeting: ____________________________ Time: ____________________________

Number in Group: ____________________________ Duration: ____________________________

Place (address and room number): ______________________________________________

____________________________________________________________________________

Audience Description: __________________________________________________________

____________________________________________________________________________

Subject of Speech/Issues to be addressed: _________________________________________

____________________________________________________________________________

Number and characteristics of youth desired (e.g., age, gender, still in care, location, etc.): ____________________________

____________________________________________________________________________

Role of AMP adult support (e.g., introduce, facilitator, attend, participant?): ________________
Travel expenses and arrangements? Stipends?:

Who is responsible for transportation and logistics?:

Nothing about us without us!
Youth Feedback – AMP Meeting

Council Location: _____________________________ Your Age: __________ Your Gender:  M □  F □
Date: __________________ Activity or Speaker: _____________________________________________

Please indicate how strongly you agree or disagree with the following statements about tonight’s meeting:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>I felt welcome at the meeting</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>The adults at the meeting were respectful</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>The youth at the meeting were respectful</td>
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<tr>
<td>I had a good time at tonight’s meeting</td>
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<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>What we did and/or discussed was interesting to me</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>What we did and/or discussed was important to me</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
Youth Feedback – General Meeting

Council Location: ___________________ Council Facilitator: ___________________ Your Age: ___________

1.) What did you like most about today’s meeting?

2.) What did you like least about today’s meeting?

3.) What did you think of today’s speaker/group leader? (check one)
   - I didn’t really like it -- I wasn’t interested at all
   - It was ok – I was somewhat interested
   - I really liked it – I was very interested

4.) What did you think about the topics covered or activities at today’s meeting? (check one)
   - Not very interesting or directly helpful to me
   - Somewhat interesting and helpful to me
   - Great, very interesting and helpful to me

5.) What events and activities would you like to see in the future?
Youth Yak Form

Everyone has a special interest, something you like to do or talk about with your friends. AMP members would like to get to know you better so what can you share? We want to hear from you.

Name__________________________

Date you would like to present____________________________

Subject______________________________________________

How much time do you need? _____________________________

Will you need to use a computer? Yes ☐ No ☐ Projector? Yes ☐ No ☐

AMP takes pride in being youth driven so would you rather begin with:

Welcoming members and new guests Yes ☐ No ☐

Beginning the Hi’s & Low’s? Yes ☐ No ☐

Reading announcements? Yes ☐ No ☐

Being the facilitator for the first 15 minutes of the meeting and doing all of the above? Yes ☐ No ☐
## MEETING SUMMARY

**Date of meeting:**

- [ ] Stationary meeting (regular location)
- [ ] Mobile meeting (facilitator went to youth)

Check if any of the following occurred during the meeting, and comment more specific detail if you wish.

- [ ] Speaker, presentation, or topic discussion
- [ ] Social activity, party, or game
- [ ] AMP-related business or information
- [ ] Skill-building activity
- [ ] Service activity

What was the primary subject area for the meeting? Check the box of the closest subject area and comment more specific detail if you wish.

- [ ] Education
- [ ] Life skills
- [ ] Employment
- [ ] Relationships
- [ ] Health or mental health
- [ ] Other
- [ ] Human trafficking

Name and organization of presenter or guest speaker, if applicable:

If you selected AMP-related business, check any of the following that occurred or were discussed, or write in another answer.

- [ ] AMP Camp
- [ ] Day on the Hill
- [ ] Legislative agenda
- [ ] New member training/What is AMP
- [ ] Planning for other AMP/council events
- [ ] Satisfaction survey
- [ ] Preparing or supporting AMP youth speaking at event (foster parent class, community meeting, etc.)
- [ ] Other

How many youth attended?

How many community members or volunteers attended?

Check any positive youth development practices incorporated during the meeting, or write in another answer.

- [ ] Break into small groups for discussion
- [ ] Large group discussion
- [ ] Youth led a discussion or activity
- [ ] Sharing individual talents
- [ ] Creative activity (art, music, etc.)
- [ ] Recognition of youth, award
- [ ] AMP member graduation
- [ ] Other (please specify)

Additional information about the meeting, activities or occurred?

---

125 3rd Street
Ames, IA 50010

515.233.2250

PARTNERSHIP OF IOWA FOSTER CARE YOUTH COUNCILS AMPIOWA.ORG
### MEMBER INFORMATION

**How old are you? Circle one:**
- [ ] ≤12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17
- [ ] 18
- [ ] 19
- [ ] 20
- [ ] 21
- [ ] ≥22

**What is your gender?**
- [ ] Female
- [ ] Male
- [ ] Transgender
- [ ] Prefer not to answer
- [ ] Other

**What do you consider to be your race? Check all that apply.**
- [ ] African American or Black
- [ ] Hispanic or Latino
- [ ] White
- [ ] American Indian or Alaska Native
- [ ] Multiracial
- [ ] Other
- [ ] Asian
- [ ] Native Hawaiian or Pacific Islander

**How have you heard or learned about AMP? Check any of the following that apply.**
- [ ] Aftercare worker
- [ ] DHS worker
- [ ] Friend
- [ ] AMP facilitator or volunteer
- [ ] Family member
- [ ] JCO
- [ ] AMP website
- [ ] Facility staff
- [ ] Judge
- [ ] Brochure or flyer
- [ ] Foster family
- [ ] Other:

**About how long have you been involved with AMP, at this council or another?**
- [ ] This is one of my first meetings ever
- [ ] Less than six months
- [ ] About six months to a year
- [ ] More than a year

**Have you attended any of the following in the past year? Check any that apply.**
- [ ] Meeting at another council location
- [ ] Plugged In and Charging conference
- [ ] Other AMP event (conference, service project, etc.)
- [ ] I spoke or presented somewhere (community meeting, foster parent class, etc.)
- [ ] Day on the Hill
- [ ] None of the above
- [ ] AMP Camp

**What is your current placement type? Select one.**
- [ ] Adopted or with adoptive family
- [ ] Relative foster family (kinship)
- [ ] Not currently in foster care (on your own, living with family, etc.)
- [ ] Foster family
- [ ] Residential treatment
- [ ] Other:
- [ ] PMIC
- [ ] Shelter
- [ ] Other:

**Check if any of the following have ever applied to you:**
- [ ] Adopted
- [ ] Not sure
- [ ] Aged out of foster care
- [ ] Not sure
- [ ] Returned to biological family (reunified)
- [ ] None of the above
MEMORANDUM OF AGREEMENT
BETWEEN
Youth and Shelter Services, Inc., Ames, Iowa
and
«Organization»
to implement the
AMP Partnership of Iowa Foster Care Youth Councils (The Partnership)
as funded by the
Iowa Department of Human Services (DHS)

THIS AGREEMENT is entered into this 1st day of July, 20**, by and between Youth and Shelter Services, Inc., Ames, Iowa (hereinafter referred to as YSS), as the project lead agency and «Organization» (hereinafter referred to as the Subcontractor) and shall expire on the 30th day of June, 20**.

WHEREAS, YSS and the Subcontractor are nonprofit agencies who mutually desire to collaborate and participate in the AMP Partnership of Iowa Foster Care Youth Councils (Partnership);

AND WHEREAS, the Subcontractor desires to act as a Partner Agency to YSS and to enter into a mutual agreement to implement, facilitate, and maintain a foster care youth council(s) located in «Site_Council» for 13 through 20 year old adolescents currently in, or who were formerly in, a foster care or out-of-home placement;

AND WHEREAS, the Subcontractor meets the standards and requirements as specified in the DHS grant and scope of work as detailed in the DHS grant narrative and contract;

AND WHEREAS, YSS and the Subcontractor desire to enter into this mutual agreement to become a secondary recipient of the AMP Partnership of Iowa Foster Care Youth Councils as described in the grant narrative and to also be known as Achieving Maximum Potential (AMP) youth engagement services;

NOW, THEREFORE, in consideration of the mutual concerns and conditions contained herein, YSS and the Subcontractor hereby contract and agree:

That the named agencies will indeed enter into this agreement for the purpose and program objectives stated and agreed to above and in response to a DHS request for proposals (RFP 18-003), as submitted by YSS and approved and known as the AMP Partnership of Iowa Foster Care Youth Councils.

That as a part of this contract, and pursuant to the program and service which the named agencies agree to initiate, it is agreed that:
1. It will be the responsibility of YSS to provide administration and statewide coordination of the AMP Partnership including financial management and audit, coordination, data collection, training and research. YSS may subcontract some of these data collection and research duties to other organizations or individuals. YSS will compile and submit, on behalf of the AMP Partnership, an annual program progress report to DHS by April 1, 20** or May 1, 20** (DHS will notify us as soon as the Federal Report Dates are established) and a numerical update to this report covering time through June 30, 20**.

2. YSS will employ a Statewide AMP Coordinator who will provide overall leadership, coordination, training, and Partner Agency consultation.

3. It will be the responsibility of YSS to process claims of the Subcontractor for reimbursement of services under the project contract on a monthly basis and pay the Subcontractor within 60 days of receipt of an approved invoice. The Subcontractor will be reimbursed for conducting meetings and activities of the designated AMP Foster Care Youth Council(s).

4. Reimbursement for services is contingent on the availability of funds from DHS.

5. In consultation with YSS and the Statewide Coordinator, the Subcontractor will hire an AMP Council Facilitator who will meet the requirements and job duties listed in attachment #1. The Statewide Coordinator will be invited to participate in pre-hire finalist interviews with the Subcontractor and AMP youth attending. Youth attending is a requirement of all finalists interviewing in regards to AMP. YSS requests that the subcontractor pays its AMP Facilitator a minimum hourly rate of $12/hr. or higher. Decent wages will help ensure committed, long-term Facilitators for the youth council.

6. Upon hiring a new AMP Facilitator, the Subcontractor will allow the Asst. Statewide Coordinator to provide initial orientation and AMP Policy and Procedure Manual training. The Subcontractor may consult the Statewide Coordinator when conducting performance evaluations of local AMP Facilitators.

7. The Subcontractor will be paid at the following rates per Council meeting attendance: Council meetings of less than 10 participants, $201/meeting; Council meetings of 10 to 14 participants, $401/meeting; Council meetings of 15 to 20 participants, $457/meeting; Council meetings of 21 or more participants, $512/meeting. The Subcontractor will be paid for a maximum of 20 meetings per fiscal year. The Subcontractor will provide a minimum of one meeting per month for each contracted site. The Subcontractor is encouraged to supplement and expand its Council operations by securing local funding and donation. Additional funds secured shall enhance AMP Council programming, services, and staffing.
8. The Subcontractor will work cooperatively with the Statewide Coordinator and will require the local AMP Facilitator to participate in a cultural competency training, mandatory reporter training (per agency requirements), CPR & First Aid training (per agency requirements), monthly Partnership conference calls, AMP Day on the Hill, local AMP Youth Conference(s) and Partnership mandatory group meetings.

9. The Subcontractor may submit mileage reimbursement claims based on 39¢ per mile for travel for required meetings, required trainings, retreats, conferences, AMP Day on the Hill, transporting youth to/from Variety AMP Camp and AMP Partnership related travel approved by the AMP Statewide Coordinator. Documentation is to be provided regarding these expenses and all billing forms must be submitted monthly and within ten days following the month to be billed. Additionally, when the facilitator transports youth to or from an AMP monthly meeting or they travel to the youth and host a meeting (mobile), mileage can be claimed.

10. The Subcontractor will be reimbursed for gift cards or gas cards for youth recognition of up to $25/month and for adult support volunteers up to $50/month based on agreed-upon standards and protocols established by the AMP Partnership. Purchase receipts will be required with each monthly billing form where gift cards were purchased.

11. The Subcontractor may be reimbursed for food and supplies for AMP Council meetings based on approximately $1/youth/20 meetings/year. Budgeted at $400 per Council per year (Approx. $20/20 meetings/yr.). The subcontractor is encouraged to secure local donations of food and supplies from the community in order to supplement this food and supply reimbursement. The budgeted amount can be spent as planned by facilitator. The $400/year/council is firm. If you go over this amount, the Statewide Coordinator will need to be consulted for budget to remain intact.

12. It will be the responsibility of the Subcontractor to adhere to the performance based payment terms referenced in the DHS contract and the Subcontractor will thereby insure the following:

   (1) Maintain an average membership of at least ten (10) youth per local Council meeting. Each council will have a recruitment strategy to increase council numbers by 5% during the year to reach the DHS contractual requirement.

   (2) Organize and implement all aspects of local AMP Council meeting arrangements (i.e., site, date/time, refreshments), as well as provide meeting notices and agenda.

      • Maintain attendance sheets and contact data for youth attending
      • Maintain community mailing list of interested parties
      • Send out agendas to interested parties at least three days prior to meeting

   (3) Local Council meetings will occur at least once per month with a maximum of up to 20/year/site.

   (4) Provide ongoing recruitment of Council participant’s age 13 through 20 years old. Will make every effort to recruit PAL and Aftercare program participants to participate in local Council meetings and activities.
Implement the Partnership strategy for participant recruitment, which is inclusive of minority youth and effectively draws a diversity of youth from both rural and urban settings. The Council is intended to represent a diverse population of youth ages 13 through 20 in Foster Care. Also, the implementation strategy addresses the ways the Subcontractor will reach out to youth in various placement types (family foster care, residential treatment centers, relative placements, institutions, aftercare, etc.) and progress will be reported on sign in sheets. For some councils this will mean having a stationary meeting site for one meeting/month and a mobile meeting for the other meeting that month as the facilitator will “go to” the youth. This circumvents the issue of youth not having transportation. A 5% increase in the number of youth AMP reaches is expected by DHS so all councils will need to reach more youth to achieve this goal.

The Council will be youth driven and reflect and respect the racial, sexual orientation, cultural, and ethnic diversity of youth in Foster Care and provide access to youth from all levels of Foster Care.

Provide training as needed for Council participants to assist them in their role as participant, including, but not limited to, training focusing on leadership skills, team building, youth engagement, effective communication (including advocacy skills and healthy disclosure), and accessing and promoting community resources.

Provide opportunities for each participant to become involved within the Council according to their strengths and interests, through various means which may include writing, speaking engagements, committee work, Council leadership, creation of a website specific to each AMP site, or some other method chosen by the participant(s).

Provide a means to honor or recognize AMP Council participants for accomplishments or growth; this includes a hosting a Launch Party when the youth reaches age 21. Parameters of this are in the AMP Manual.

Provide leadership and service learning opportunities for participants for each youth at their level of comfort. DHS requires at least 50% of the youth attending AMP will report a leadership role in their council during the year.

Provide social/recreational opportunities for AMP participants to encourage social/peer support.

Link with existing effective youth councils, advocacy groups, or other child welfare organizations. Document and report all invitations and attendance of various other groups, as well as guest speakers at AMP Council meetings when making notes following your meetings and when you write your annual report data.

Upon request by YSS or DHS, identify youth for representation at local DHS workgroups, trainings, committees, or other venues in which youth input would benefit the development or implementation of child welfare policies and practices.

Following the AMP manual, have a box for AMP participants to formally offer suggestions and/or register written complaints at each meeting.
(15) **Will update the local site page of www.ampiowa.org website at least once monthly.** For those of you offering mobile AMP meetings, the community-based sites you plan to stop at needs to be posted for youth to attend at least 3 days prior to the meeting.

(16) Participate and implement an on-line assessment tool (PAAT) which involves input from participants, staff, and community partners. Develop any intervention plan needed based on post-evaluation.

(17) Provide access to monthly supervision for local AMP Council Facilitators, volunteers, and leadership staff involved with the AMP Youth Council.

(18) Conduct and maintain employment records for all paid staff and volunteers who work directly with AMP Council youth.

(19) Maintain all programmatic and financial records related to the services funded under this AMP Subcontract in a secure physical location.

(20) The local AMP Facilitator must attend an annual cultural competence training; an annual update of mandatory reporter training and the agency requirement for CPR/First Aid. Proof of said training required by YSS/Statewide Coordinator to meet DHS contract.

(21) Promote **significant adult relationships** by involving foster parents, Partner Agency Staff, Aftercare Networks, IFAPA, and other adults within monthly programming. These people should all be on the agenda email list. **DHS requires an outcome of 80% of youth identifying a significant adult relationship during the contract year.** Each adult attending an AMP meeting will need to focus on relationship building with the youth.

(22) **DHS also requires the report out of at least 80% of the youth identifying they have an improved knowledge of the support programs and services available to them.** Partnerships with service, community and faith-based resources in additional to the system adults will increase the likelihood of AMP reaching this outcome measure.

(23) Engage youth in decision making at all levels including development of an AMP youth legislative agenda, to instill confidence and allow youth to develop leadership.

(24) Provide complete supervision of all Council attendees during any AMP Council activity. Ensure that all council meetings are a bully-free environment.


(26) **Submit all paperwork within deadline time frames including:**

- Attendance sheets and billing forms by the tenth of each month.
- Agenda (on AMP paperwork) sent out three days prior to each meeting
- Complete paperwork
  - Annual participant satisfaction survey
  - Annual PAAT on-line assessment tool (minimum of 6 responses per council)
  - As directed by the Youth Policy Institute of Iowa (YPII) provide all needed data for the DHS report completed by April or May 1st (DHS will notify us) and also again at year end (June 30th).
- Run and share results with YSS of all Safety Record Checks, following the Safety Record Check policy. The cost of running these checks (up to $15/check) may be billed back to YSS on the subcontractor billing form each month.
(27) Attend with youth from your council an AMP Annual Youth Conference. At least one per year is planned in each DHS service area utilizing local partners. You will be expected to assist in transporting youth to the closest youth conference to your council meeting site. You may also be asked to check sites and assist in setting up speakers/topics and registration at a community college in your part of Iowa. Getting youth on campus and learning about programs promotes higher education and all facilitators will be asked to help organize and assist with a conference in their area as resources allow. Pending funds, AMP will offer at least two mini conferences in 20**-20**/contract with 5 as our goal.

(28) Participate in and identify youth to participate in DVD’s/webinars/videos for the AMP Website by recording AMP meetings/speakers willing to be taped for the website visitors to view.

(29) Attend, (supervise youth if they attend) at up to two statewide AMP activities/retreats/trainings per year. These may be overnight.

(30) Provide 2 youth per council to attend Variety AMP Camp (at minimum, as funded) each summer. Provide transportation for the youth to and from the camp if needed.

(31) If funding allows, provide transportation/supervision to one or more mini-camps (one night) for youth if the camp is local to you. These are still in the planning stage so they might be stand-alone mini-camps or they might be linked with a mini-conference.

13. The Subcontractor shall indemnify and hold harmless YSS from all claims for bodily injury and property damage to the extent the subcontractor is negligent. The Subcontractor shall add YSS as an additional insured on their automobile and general liability insurance policies. The Subcontractor will provide a Certificate of Insurance to YSS.

14. The Subcontractor will provide a hyperlink connecting their website and the AMP Partnership website to help spread the word to youth, DHS, and foster parents about the Youth Council. www.ampiowa.org

15. The CEO of the Subcontractor will sit in and observe at least one Council meeting and/or one Council youth driven event annually.

16. The Subcontractor agrees that YSS or YSS duly authorized representatives and/or governmental auditors or any of their duly authorized representatives, shall have access for purposes of audit and examinations to any books, documents, papers, participant files, and records that are pertinent, and such access shall continue until the expiration date of five (5) years after the completion of this contract period.

17. The Subcontractor will make YSS aware of any local grant or private sources of additional support for local council special projects and/or expansion of the AMP Youth Council and will assist YSS with funding requests or submit its own request with the support of YSS. The subcontractor is
AMP Operations Manual

couraged to seek additional local sources of financial and in-kind support for the local council. Submission of additional local community grants are expected annually.

18. The Subcontractor agrees to provide YSS with a copy of its most recent annual audit.

19. The Subcontractor will inform YSS if any staff or volunteers involved in the delivery of services under this agreement have a founded child or dependent adult abuse report, or if any of its staff have been convicted of a felony. This is a continuing disclosure requirement of the Subcontractor and disclosure will be in a written statement and submitted in a timely manner not later than (30) thirty days from the date of conviction or determination of founded child or dependent adult abuse, regardless of appeal rights.

20. Protect and maintain all YSS loaned equipment per signed agreement. Equipment needing repair is to be returned to YSS. This equipment will be returned in working condition upon early termination of this Agreement.

IT IS FURTHER AGREED BY AND BETWEEN THE PARTIES that the named agencies will comply with all DHS terms and conditions as detailed in the AMP Partnership grant narrative; will ensure expenditures fall within approved budget guidelines; will exchange audits annually; will participate in training, quality assurance reviews, evaluation activities; will insure client confidentiality and HIPAA compliance; will work to implement the AMP Partnership goals and objectives; and will maintain in effect all certifications, licenses and insurance, which are necessary to enable both parties to perform this Agreement.

IT IS FURTHER AGREED BY AND BETWEEN THE PARTIES that this contract or Agreement may be terminated unilaterally and at any time with 90 days' written notice to the participating agencies. Such action by either party must be consistent with the rules and regulations of the Iowa Department of Human Services.

IT IS FINALLY AGREED BY AND BETWEEN THE PARTIES that this Agreement comprises the total Agreement between the agencies concerning this program and any amendments, additions, or deletions hereto will be invalid and void without the expressed, voluntary, and written approval of the agencies and/or their representatives. Such amendments, additions, or deletions shall be enacted in a manner consistent with the drafting and execution of this document.

Signed by YSS and by the authorized agent for the Subcontractor:

Andrew Allen, Chief Executive Officer
Youth and Shelter Services, Inc.

Authorized Representative
of «Organization»

Printed Name

Title
## YPII Tracking Sheet

### AMP Participation - July 2017 - June 2018

| 1 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 2 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 3 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 4 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 5 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 6 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 7 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 8 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 9 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 10 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 11 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 12 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 13 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 14 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 15 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 16 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 17 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 18 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 19 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 20 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 21 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 22 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 23 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 24 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |
| 25 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 |

*TIP: Select columns and right-click to “hide” meetings after they occur to make tracking easier. Right-click again to unhide.*

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**Nothing about us without us!**

185