# Overcoming Hurdles in Ohio (OHIO) Youth Advisory Board
## Membership Sign Up

Thank you for your interest in membership with OHIO YAB! Please answer the following questions completely. If you need assistance filling out this sign up sheet please contact Brandi Scales at (614) 224-5802 or by email at Brandi@pcsao.org. Completed forms should be faxed to the attention of Brandi Scales at (614) 228-5150 or mailed to 510 E. Mound St. Suite 200 Columbus, OH 43215.

Today's Date: _____

Last Name First Name Middle Initial

Address City State Zip Code

**Current Living Situation**: Foster Care With Parents With Relatives Independently
(Circle One) Group Home Residential Treatment Facility Transitional Living
Supervised Independent Living Homeless

Home Phone Work Phone Cell Phone

Email Address

**Length of Time if Foster Care:** Less than 1 year 1-2 years
More than 2 years (how long) _____

**Places of Care**: Shelter Group Home Foster Home Residential Treatment Facility
(Circle All that Apply) Relative Placement Transitional Living Program
Supervised Independent Living Program Other:_____

**Number of different places you have lived while in foster care**: _____

**Ethnic Background**: _____ **Gender**: _____ **Date of Birth**: _____

**County of Residence**: _____ **County that holds/held custody:** _____

**If applicable, Assigned Caseworker**: _____
**Telephone Number**: _____
**Email Address**: _____

**Talents**: Art Writing Speaking Singing Computer Web
(Circle all that apply) Theatre Leadership Experience Other: _____

**In regards to the Ohio child welfare system what areas are you most interested in impacting?**
(Circle two)

Courts Independent Living Skills Normalcy Siblings
Mental Health Issues Communication Foster Parents

**OHIO YAB Permission- Release of Information**

I hereby give permission for my pictures and/or name to be used in conjunction with OHIO YAB related activities and events. Youth, under the age of 18, will be only be identified by first name, age, and OHIO YAB region of residence.

_____ _____
Youth Date Parent/Guardian Date

_____
Witness Date