

Family-to-Family Health Information Center's



Partnerships That Assure a Good Life – For Everyone

in collaboration with Children's Rehabilitation Service (CRS)

April 29 and 30

April 29: Family workshop

April 30: Family/professional workshop

Marriott Legends at Capitol Hill, Prattville

SCHEDULE OF EVENTS

Monday, April 29

12:30 - 1:00	Registration
1:00 - 1:30	Welcome and introductions
1:30 - 2:30	Medicaid Waivers in Alabama
2:30 - 2:45	BREAK
2:45 - 3:30	Transition Planning-Personal Story
3:30 - 5:30	Telling Your Story Using Care Maps
	(Dinner on your own)

Tuesday, April 30

Exhibitor setup
Registration and exhibits
Welcome
How We Reimagine Quality Together
BREAK
What Do Families Need From Care Providers?
BREAK - Pick up boxed lunch
Plans for the Five-Year Needs Assessment
BREAK
Taking on the Challenge of Focusing on Quality of Life
Closing remarks

Summit participants will:

- Strengthen networks with other families and care professionals
- Discuss current challenges to developing quality systems of care for CYSHCN and their families in Alabama
- Develop strategies to strengthen partnerships between families and professionals, ultimately leading to improved outcomes for CYSHCN
- Gain skills and learn strategies to enhance leadership within organizations and communities

Hotel accommodations:

A small block of rooms has been reserved by Family Voices for families attending the summit. (See back page.) All other attendees should make their own hotel arrangements.

Online conference registration: fvalpic-summit.eventbrite.com

*Children's Rehabilitation Service is approved as a provider of continuing education in nursing (#ABNP0038) by the Alabama Board of Nursing through March 30, 2025, and a provider of continuing education in social work by the Alabama State Board of Social Work Examiners, Provider #0204. Both social work and nursing CEUs have been applied for.

SUMMIT REGISTRATION FORM (Please print clearly.)

Conference registration also may be completed online at fvalpic-summit.eventbrite.com.

Prefix First nam	ne	Last name	
Check one.			
□ Parent/guardian	/family member □ Professional	(organization na	me) 🗆 Self-advocate
Address			
City		State	ZIP
Preferred telephone (type)	E-mail	
Preferred method of c	rontact: Phone Text Email	□ Mail	
Check all boxes that d	lescribe you and your needs.		
1 9	uardian/family member of a child/you orm on the next page. <mark>(Include your \$</mark> 2	•	•
	are professional or service provider to C or pay online.)	YSHCN or disabilities. (Include	e your \$40
□ I'm applying fo	r CRS-sponsored CEU credit for $\ \square$ nu	ırse* 🗆 social worker*	
Please list any spec	cial dietary needs:		

Make checks payable to "Family Voices of Alabama" and mail to: Family Voices of Alabama, 2633 Spring Lakes Crossing, Opelika AL 36801

The health and safety of conference attendees and their families is important to us. For this reason, we ask that participants who are not feeling well or who are in the household with someone who is sick to please consider taking safety precautions.

HOTEL REGISTRATION FORM

For youth and family members only (check all boxes that apply)

I will be attending ☐ Monday, 12:30 p.m. to 5:00 p.m. ☐ Tuesday, 8:00 a.m. to 3:15 p.m.
□ I will be requesting reimbursement for travel expenses and/or assistance with child care costs while I attend the summit. Reimbursement funding is limited. Maximum payment amounts have been set. Call with questions.
\square I will not be staying overnight. \square I will be driving to the training each day.
□ I live outside the conference area and request a scholarship to cover the cost of my hotel room. I will attend all conference sessions. (Scholarship funding is limited and will be given on a first-come, first-served basis. We are offering only one hotel scholarship per family.)
$\hfill\Box$ I would like to share a room with another conference attendee. (Both participants must be registered to attend.)
Roommate's first and last name Roommate's phone number
Please contact Mattisa Moorer at 1-877-771-3862 as soon as possible to reserve your room.

Sponsorship and Exhibit Opportunities Available!

To register and pay, call 1-877-771-3862 or visit <u>fvalpic-summit.eventbrite.com</u>!

Sponsorship Levels

Platinum: \$1000 Gold: \$600

Silver: \$400

Exhibit Fees

For Profit: \$300

Nonprofit/State Agency \$200