



Hello,

Student Assistance Foundation (SAF) and the Montana Department of Public Health and Human Services (DPHHS) are pleased to announce that applications for the 2016 “A Step Ahead – Building a Path to Success” Summit for Youth in Foster Care are available at SmartAboutCollege.org.

This year, the free summit will take place June 20-23 at the Montana Tech campus in Butte. Youth will stay in the dorms, attend “classes,” eat in the cafeteria, and experience college life firsthand. In addition to finding out how to search and apply for scholarships, apply for Education and Training Vouchers (ETVs), participants will learn essential career and life skills. Those include building relationships, obtaining employment, and managing money. Another important element of the camp is the opportunity for campers to meet other youth in foster care who share many of the same challenges and aspirations for the future. Many times, relationships cultivated at “A Step Ahead” continue well beyond the end of the event.

An added benefit to participants who attend “A Step Ahead” is the opportunity to take home a free laptop computer to assist with postsecondary education. In addition, should participants already have a laptop or iPad, or do not anticipate attending college, they can select a “life skills” package to help them get ready for, and transition to, independent living.

Transportation to and from the event is the responsibility of the campers, but travel reimbursement is available.

Applications are located at smartaboutcollege.org, and the priority deadline for applicants who would like to receive a laptop is April 15. For those participants who would prefer to receive the “life skills” package, the deadline is April 29. For more information, contact Rhonda Safford at rsafford@safmt.org. We look forward to hearing from you!

Sincerely,

Rhonda Safford
Student Assistance Foundation
(800) 852-2761 x7750 Fax (406) 495-7852
rsafford@safmt.org

**A Step Ahead – Building a Path to Success
 Summit for Foster Youth in Foster Care**

REGISTRATION FORM **Priority Deadline – April 15, 2016**

CONTACT INFORMATION

Last Name: _____ First Name, Middle Initial: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone (Cell) Number: _____ E-Mail Address: _____
 I am currently living at/with (circle one) Foster Parent Guardian Group Home
 Primary/Placement Contact Name: _____
 Contact Phone Number: _____ Contact Work Phone Number: _____
 Contact Cell Phone Number: _____ Contact E-Mail Address: _____
 Emergency Contact: _____
 Phone Number: _____ Relationship: _____

Are you currently in a foster care placement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name of your social worker?	If you are not in a foster care placement, were you: <input type="checkbox"/> In foster care up to or beyond your 18 th birthday <input type="checkbox"/> Adopted after age 16 <input type="checkbox"/> Had a guardianship established after age 16
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PERSONAL INFORMATION

Date of Birth (MM/DD/YY): _____ Age: _____
 Gender: (circle) Male Female
 What year did you (or will you) graduate from high school or complete the HiSet? _____

T-shirt Size: (Circle) X-Small Small Medium Large X-Large XX-Large XXX-Large

Ethnicity (for statistical use only);
 Caucasian African-American
 American Indian Alaskan Native
 Asian Native Hawaiian/Pacific Islander
 Hispanic Other: _____

Special Needs: Please indicate any special needs or disabilities that we should know about. Include any medications needed* or other necessary information with this form. We will contact you with any questions. _____

Special Dietary Needs: Please indicate any special dietary information, such as vegetarian or food allergies. _____

Would you be the first one in your family to go to college?

Yes No

Have you ever attended "A Step Ahead" summit in the past? (you can only attend twice)

Yes No

If you have attended and you are over 18 would you like to come back as a Team Leader this year?

Yes No

What 3 things would you like to learn at the summit this year?

PLEASE PROVIDE A LETTER OF RECOMMENDATION WITH YOUR APPLICATION.

Forms

Please **PRINT OUT** and return the following forms with your registration:

- Youth Emergency Medical Form*
- Parental/Guardian Consent Form & Liability Waiver*
- Code of Conduct Form*
- Letter of Recommendation

**Your registration will not be accepted until we receive these forms.

Return Forms to: Student Assistance Foundation, attn: Rhonda Safford
2500 Broadway, Helena, MT 59601
Fax (406) 495-7852

APPLICATION PRIORITY DEADLINE APRIL 15, 2016

PHOTO/PUBLICITY RELEASE FORM

For youth 18 years of age or older

Name : _____ (please print)

For value received and without further consideration, I hereby consent to the use of all photographs, videotapes or film, taken of me and/or recordings made of my voice and/or written extractions, in whole or in part, of such recordings at the “A Step Ahead – Building a Path to Success” Summit for Youth in Foster Care held on June 20-23, 2016 by Student Assistance Foundation and/or others with its consent, for the purposes of illustration, advertising, or publication in any manner.

Name _____ (signature)

Address: _____

Date: _____ / _____ / _____

If the subject is a minor under the laws of the state where photos are done:

Guardian: _____ (please print)

Guardian: _____ (signature)

Address: _____

Date: _____ / _____

YOUTH EMERGENCY MEDICAL AND LIABILITY INFORMATION

This form must be completed for each youth participant.

This information is kept confidential and will be used only in case of emergency.

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Medical History

Please answer the following questions:

Does the participant currently have any physical complaints or chronic illness

If yes, please list. _____

Is the participant under the care of a physician or practitioner of any kind?

If yes, for what condition? _____

Is the participant currently taking medications of any kind?

If yes, list medication and frequency of dosage. _____

Does the youth administer the medication on his/her own? Y / N

Please ensure that all current medications are brought to the training. Medications will be kept with assigned group home staff or the youth's assigned chaperone however, youth are responsible for knowing their medical information and dosage instructions.

Is the participant up-to-date on his/her tetanus immunization?

Date of last tetanus immunization: _____

Has the participant had any significant past injuries, illnesses or surgeries?

If yes, what and when? _____

Does the participant suffer from allergies of any kind?

If yes, please list allergies and reactions: _____

Special Needs: Please list any other disabilities or disorders that may affect participation at this event, such as eyesight, accessibility, hearing, speech, paralysis, ulcer, etc.

Additional Information: Please use this space to describe any additional relevant medical information or current medical treatments not covered by the questions above.

Youth Emergency Medical Information (Page 2)

Insurance Information:

Is the participant currently covered by medical insurance? **Y / N**

If yes, please list name of insurance provider: _____

Policy or Group#: _____

Name of Primary Insured: _____

Name of Physician: _____ Phone: _____

Legal Guardian(s)/Foster Parent Contact Information:

***If over 18 please provide an emergency contact here**

Name of Foster Parent(s), Legal Guardian(s) and/or Group Home Contact:

Relation to youth: Foster Parent Legal Guardian Group Home Provider Other: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Address: _____

If currently in foster care

CPS Worker Name _____

City _____

Telephone _____

Email Address _____

In the event of an emergency, I **DO / DO NOT** (circle desired response) grant permission to CFSD and/or SAF to transport my child/ward to a hospital/after hours clinic for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. As the parent/legal guardian, I give full authorization to the CFSD and SAF and its employees, agents and/or subcontractors to secure medical care or treatment for above named youth. This treatment may include assistance from the nearest physician, medical clinic, hospital, trained nurse or EMT in the event of illness or injury that requires immediate attention, as determined by the event staff. In the event that I cannot be contacted, and an emergency has occurred, I give permission to the treating medical institution and/or medical providers to hospitalize and administer the appropriate treatment deemed medically necessary. I further agree that CFSD, SAF, the State of Montana and its employees and agents will not be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment provided. This authorization shall remain effective until he/she completes their activities in this program. I have read this document, I understand its contents, and I agree to its terms.

Signature of Caregiver/Guardian Date

Liability Waiver

I hereby allow my son/daughter/ward _____, for whom I am the legal guardian, to participate in the Child and Family Services Division (CFSD) and Student Assistance Foundation (SAF) Summit. I hereby agree to indemnify and hold harmless CFSD, SAF, the State of Montana and its employees and agents and/or subcontractors from and against all claims, losses, or liability, including injury associated with his/her participation as a member.

Chaperone and Transportation Release

Please **initial** the means of transport your child/ward will take and from home to the Summit and back as well as the name of the Chaperone responsible for oversight:

____ I understand that _____ will transport my child/ward to and from the “A Step Ahead – Building a Path to Success” Summit for Youth in Foster Care .

____ I understand that DPHHS and SAF and/or their staff will and serve as their chaperone.

To the best of my knowledge the information I have provided is correct and complete. I approve of emergency care for the above minor under the direction the Child and Family Services and/or Student Assistance Foundation staff and agents or consulting physician. I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

Parent/Legal Guardian Signature

Date

Participant Signature

Date

Return Forms to: Student Assistance Foundation, attn: Rhonda Safford
2500 Broadway, Helena, MT 59601

Youth Code of Conduct

The following code of conduct will be enforced at the “A Step Ahead – Building a Path to Success” Summit for Youth in foster care in Butte, MT, June 20-23. All participants and their parents or guardians must sign and return this document before the youth can attend the summit or camp.

- The possession and/or use of weapons, tobacco products, alcoholic beverages, and illegal drugs, as well as the act of remaining in the presence of individuals who are using or taking these items is prohibited.
- Sexual contact at any event or activity that occurs within the time frame of the Summit is prohibited.
- Entering the dorm room of the opposite gender is prohibited for the duration of the Summit. This includes free time, any time before curfew, during registration, etc.
- All participants must adhere to the curfew stated in the Summit agenda and must be in their assigned rooms by the set curfew.
- Any behavior that violates any of the laws of the United States or the State of Montana or any local ordinance is prohibited.
- All participants are to remain on the grounds or in the training facilities for the duration of the Summit except when participating in off-site activities with chaperone.
- All participants are to show respect for the property of others and the facility in which the Summit is being held.
- Punctuality and attendance of scheduled topics at the Summit is considered mandatory by all participants.

In addition to the above list, we reserve the right to confiscate for the length of the program any items that, in our judgment, demonstrate the potential for distracting students from the goals of the program, pose undue risk to the safety and well-being of people, or pose undue risk to property.

I, _____ agree to abide by this Code of Conduct and am aware that any infraction of the Code will result in my parent(s)/guardian(s) being notified. In the event that it is determined that I have violated the Code, I may be sent home at my parent/guardian’s expense. The responsibility for making this determination is vested in the chaperone and event sponsors.

Teen Participant Signature _____ Date _____

Parent(s) or Guardian(s) Signature _____ Date _____