



The **O**vercoming **H**urdles **I**n **O**hio
Youth **A**dvisory **B**oard

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**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. Completed forms should be emailed to info@fosteractionohio.org or brought to the next statewide OHIO YAB quarterly meeting.

Today's Date: _____

Name of Youth: _____

Address City State Zip Code: _____

County: _____

Current Living Situation (Circle one):

Foster Care With Parents With Relatives Independently Group Home Residential
Treatment Facility Transitional Living Supervised Independent Living Homeless

Phone Number: _____

Email Address: _____

Length of Time in Foster Care: _____

Youth's Talents and Abilities: _____

Caseworker (If applicable): _____

Caseworker's Telephone Number: _____

Caseworker's Email Address: _____

Advocacy Areas That This Young Person is Passionate About:

Courts Independent Living Skills Normalcy Sibling Visitation
Other: _____

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.

County: _____

Youth Signature, Date: _____

Signature of Guardian/Caseworker, Date: _____