



LIVING BETTER TODAY FOR A BRIGHTER TOMORROW

CONFERENCE REGISTRATION PACKET

Peer Support Provider Conference April 15-16, 2016

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The Federation of Families of SC will hold its annual Peer Support Provider Conference on April 15 and April 16, 2016. The conference is held at the White Oak Conference Center located at 633 Mobley Hwy, Winnsboro, SC.

We are excited that you have taken an interest in learning more about the conference! In this registration packet, you will find information regarding criteria for attendance, registration forms and a form to complete for registration fees.

You can also register at www.ffsc.simplenetix.com!

If you have any questions, please contact:

Federation of Families of SC
866.779.0402 (toll free)
803.772.5210 (Columbia)

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Family Member Criteria for Attendance

The 2016 Peer Support Provider Conference will provide training, technical assistance, and networking opportunities to empower family members of youth and young adults with emotional, behavioral, or mental health needs and/or substance abuse disorders to support other families in their community.

Parents and caregivers who have completed a peer support provider or leadership training program, are ready to mentor other families, or are interested in learning more about the peer support process will reap the most benefits from this continuing education and leadership training conference.

To meet the different training needs of our attendees, this year's conference features two adult tracks: Parent Peer Support Provider (PPSP) Track and Leadership Track.

To ensure an optimal learning environment, attendees must meet the following criteria:

1. Be a parent or primary caregiver* of a child with emotional, behavioral or mental health needs and/or a substance use disorder.
2. Attend the full conference timeframe for which you register.
3. Be willing to share their "lived experience" raising a child with behavioral health or substance use challenges (PPSP Track)
4. Be willing to learn more about resources available in the community and the process of supporting other families through peer mentoring. (Leadership Track)
5. Agree to provide the Federation of Families of South Carolina with follow-up information regarding how the conference has been of benefit to the child and family.
6. Be willing to attend the meetings of your local FFSC Family Support Network (FSN) or assist in starting a FSN if none are available in your community.

**Primary caregiver (biological, adoptive, or foster parent or grandparent or other individual providing primary care to the child)*

Lodging and Other Information

Please Note: Family members will room together. Adults or youth attending the conference alone will be assigned to shared rooms (up to 4-person occupancy) based on gender. Single and double room options are available for an additional fee.

If you have any dietary needs or require any other special assistance, please let the Federation of Families of SC know **PRIOR** to attending the conference.

All rooms are non-smoking. If you are found smoking in your room, you will be charged a \$250.00 smoking fee to be paid directly to the facility. FFSC will not be responsible for such charges.

Attendees will be responsible for all personal items and any additional charges to the room not related to the conference.

I understand that if I am unable to participate in the conference, I will receive a full refund only if I notify FFSC by **April 1, 2016**. I also understand that I will **NOT** receive a refund if I notify FFSC on **April 2, 2016** or later.

I, _____, have read and understand the criteria to attend the 2016 Peer Support Provider Conference. I agree that I meet the criteria and will complete the requirements listed above.

Signature

Date



Youth Criteria for Attendance

The 2016 Peer Support Provider Conference offers two tracks for youth: Youth Leadership and Youth Advocacy. **Youth Leadership** is an introductory track for youth who are new to youth empowerment and engagement. The **Youth Advocacy** track is for youth who are interested in becoming youth mentors, learning more about youth peer support and representing youth voice on state and local committees. The youth tracks at this conference provide an opportunity for our network members and other youth to meet peers and build skills. You will be contacted by a member of Youth MOVE SC to discuss track selection.

The following criteria are required for youth to attend this conference:

1. Be a member of a Youth MOVE SC network or have experience with juvenile justice, foster care, special education, mental health and/or substance use or be the sibling of a youth with lived experience.
2. Be between the ages of 12-25 years.
3. Attend the full conference timeframe for which you register.

Lodging and Other Information

Please Note: Family members will room together. Adults or youth attending the conference alone will be assigned to shared rooms (up to 4-person occupancy) based on gender. Single and double room options are available for an additional fee.

If you have any dietary needs or require any other special assistance, please let the Federation of Families of SC know **PRIOR** to attending the conference.

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I understand that if I am unable to participate in the conference, I will receive a full refund only if I notify FFSC by **April 1, 2016**. I also understand that I will **NOT** receive a refund if I notify FFSC on **April 2, 2016** or later.

I, _____, have read and understand the criteria to attend the 2016 Peer Support Provider Conference. I agree that I meet the criteria and will complete the requirements listed above.

Youth Signature

Date

Parent Name

Date

Parent Signature

Date



**Federation of Families
of South Carolina**

A Voice for Children's Mental Health in SC

Peer Support Provider Conference

April 15-16, 2016

****ADULT REGISTRATION FORM****

Family Member Registration Form

Name: _____

Mailing Address: _____

_____ County: _____

Phone: _____ Cell Number: _____

Email address: _____

Race (optional-to help us achieve diversity):

African-American Latino Asian White Native American Other: _____

Please list any trainings related to caring/advocating for a child with mental health/substance use issues you have attended:

Number of youth (ages 12-25) attending with you (0, 1, etc.): _____

*please complete youth registration form(s)

Please list any accommodations needed:

Registration Deadline: Friday, April 1, 2016

Send registration form to:

Federation of Families of South Carolina
810 Dutch Square Blvd, Suite 205
Columbia, South Carolina 29210
Fax 803.772.5212
Or email: jenah.cason@fedfamsc.org

For questions, call:

Local: 803.772.5210
Toll Free: 866.779.0402

Office Use Only	Date received:		Date mailed:	
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****YOUTH REGISTRATION FORM****

Youth Registration Form

Name: _____ **Attending with Registered Adult?** Yes No

DOB: _____ Age: _____ Gender: _____ **Registered Adult Name:** _____

Address: _____ City: _____ Zip Code: _____

County: _____ **Registered Adult Phone:** _____ **Youth Phone:** _____

Youth email address: _____

Race (optional-to help us achieve diversity):

African-American Latino Asian White Native American Other: _____

Youth Experience: (check all that apply)

<input type="checkbox"/> Mental Health	<input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> LGBTQ	<input type="checkbox"/> Runaway/Homeless
<input type="checkbox"/> Substance Use	<input type="checkbox"/> Residential Treatment	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Special Education (IEP/504 Plan)
<input type="checkbox"/> Sibling (check experience of your sibling)		<input type="checkbox"/> Other: _____	

Please list any accommodations needed:

Registration Deadline: Friday, April 1, 2016

Send registration form to: Federation of Families of South Carolina
810 Dutch Square Blvd, Suite 205
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Or email: jenah.cason@fedfamsc.org

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2016 Conference Fees

Registration fees include all meals (Friday dinner & Saturday breakfast and lunch) and overnight lodging.

Early-Bird: Register by Friday, March 18th			
Registration Type	Registration Fees	# of people	Total
Family Member	\$25.00		
Youth with Registered Adult	\$10.00		
Youth Only	\$25.00		
Saturday Only	\$20.00		
Total # of people registered & Total Payment			

Regular: Registration closes Friday, April 1st			
Registration Type	Registration Fees	# of people	Total
Family Member	\$35.00		
Youth with Registered Adult	\$15.00		
Youth Only	\$35.00		
Saturday Only	\$25.00		
Total # of people registered & Total Payment			

If you are interested in attending, but need assistance, please contact the Federation of Families of SC. LIMITED assistance is available.

Lodging: Families will room together. If you are attending by yourself (adult or youth), you will room with other adults or youth. You may request a single room or double room for an increased fee. Please call the Federation of Families of SC for more information.

IMPORTANT: Other fees apply to anyone staying overnight who is **NOT** attending the conference. FFSC must be contacted or that person will not be permitted to stay in the room.

Childcare is not available. Only youth ages 12+ participating in the conference can be included in the lodging.

T-shirts: Order Federation of Families of SC (FFSC) or Youth M.O.V.E. SC (YMSC) t-shirts for the conference!

If you would like a t-shirt, orders must be placed by March 9, 2016.

Type	\$10				\$12		Total:
	S	M	L	XL	XXL	XXXL	
Ex. YMSC	1	2					\$30.00

Payment Method:

Check

Paypal (visit www.fedfamsc.org and click "Donate".)

Please make checks payable to Federation of Families of SC.

Please mail payments in time to arrive by April 8, 2016. Onsite payments will not be accepted so all registration fees must be received by this date or you will not be able to attend the conference.