



The Kinship Families Coalition of Kentucky is a community group dedicated to raising awareness of the issues surrounding kinship care in Kentucky and forwarding recommendations for policy changes to increase supports for kinship families. Members from across the state of Kentucky include relative caregivers, advocacy organizations, and support service providers.

Mission: To promote policies and facilitate connections to increase supports for and with relatives raising children.

Vision: Grandparents, relatives and other caregivers have all the necessary supports to ensure that children in their care can thrive into adulthood.

Goals:

1. Advocate to improve legislative and administrative **policies** to increase supports and remove barriers for kinship families.
2. Support the development of and access to **resources** for kinship families to ensure the health, safety and well-being of both children and caregivers.
3. Promote and apply **research** on best practices, national trends and state and local data to improve the understanding of the needs of kinship families.
4. Improve the **awareness** of the needs and issues surrounding kinship families to gain support for policy changes and increased support.

Name: _____

Email _____ Phone: _____

County: _____

How would you describe your gender? _____

What is your race? Please select from the following:

- African American/Black
- Caucasian
- American Indian/Native American
- Asian
- Other (please specify) _____

Are you a current relative caregiver: Yes _____ No _____

Organization or Agency (if applicable): _____

Partnership (Check one)

There are levels of partnership in order to suit the needs of the coalition as well as the needs of those involved. Please choose the type of partnership that matches your availability and interest.



_____ Full partner—a full partner who attends a majority of all regular meetings (half plus one) and is actively engaged in the work of the coalition and leads the work of the coalition.

_____ Participating partner—a participating partner attends meetings when possible, receives regular updates, and supports the mission of the coalition.

The member determines their level of partnership when applying for membership. The level of partnership can be changed at any time upon the notification of the current president of the coalition.

Why are you interested in becoming a member of the Kinship Families Coalition of Kentucky?

Are there specific skills or experience you have that would aid in accomplishing the goals of the coalition? If so, please list them.

Please list any potential conflicts of interest that you may have while serving as a member of the Kinship Families Coalition of Kentucky.

Signature

Date

Please return the completed application to Shannon Moody at smoody@kyyouth.org or mail it to 11001 Bluegrass Parkway Suite 100, Jeffersontown, KY 40299.