

OREGON FOSTER CHILDREN'S BILL OF RIGHTS IMPORTANT CONTACT INFORMATION

Child's or youth's name: _____

Case number/OR-Kids number: _____

Caseworker _____ Email _____ Phone _____

Supervisor _____ Email _____ Phone _____

Certifier _____ Email _____ Phone _____

Certifier's supervisor _____ Email _____ Phone _____

Branch manager _____ Email _____ Phone _____

After-hours phone number in case of an emergency (optional): _____

IF AN ICWA CASE

Tribal affiliation _____ Tribal worker _____ Phone _____

IF IN A FOSTER CARE AGENCY OR RESIDENTIAL PROGRAM

Licensing staff _____ Phone _____

Attorney _____ Phone _____

* Court Appointed Special Advocate (CASA) _____ Phone _____

* Independent Living Program (ILP) provider _____ Phone _____

Local Citizen Review Board (CRB) Coordinator _____ Phone _____

Y.E.S. (Youth, Empowerment & Safety) line _____ **1-855-840-6036**

Foster Care Ombudsman _____ Phone _____

OTHER SUPPORTIVE ADULTS AND ADVOCATES

_____ Phone _____

_____ Phone _____

_____ Phone _____

Date provided to child/youth _____ DHS staff providing/explaining list to youth _____ Role _____

WWW.OREGON.GOV/DHS/CHILDREN/FOSTERCARE/PAGES/IND_LIVING/ILP.ASPX

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DHS 9015 (04/2015)