

Southeast Washington Regional FYSPRT Tri-Lead Application

Your name: _____

E-mail address: _____

Telephone Number: _____

Please check **ONE** or more that apply:

_____ I am a youth who has received behavioral healthcare services in Southeast Washington

_____ I am a parent of a youth who has received behavioral healthcare services in Southeast Washington

_____ I am a System Partner who serves youth who have received behavioral healthcare services in Southeast Washington.

Please answer these questions honestly and thoroughly.

1. What brings you to the FYSPRT?
2. From your perspective as a Family/Youth/System Partner, what changes would you like to see in youth serving systems?
3. What strengths can you bring to the FYSPRT Tri-Lead position?
4. What experience do you have advocating for youth and/or families?

In becoming a Tri-Lead, I understand and testify that:

- I will represent our region to the best of my ability.
- The voice I bring is that of the people and region that I represent.
- I agree to complete the administrative tasks in a manner that meets the state timelines and requirements stated in the Statewide FYSPRT manual, as explained to me by the FYSPRT Coordinator.
- I will attend and facilitate the Southeast Washington Regional FYSPRT meetings on a monthly basis.
- I will attend and represent the Southeast Washington Regional FYSPRT at the Statewide FYSPRT meetings held quarterly.
- I have read the FYSPRT Tri-lead responsibilities, understand the requirements, and agree to follow them.

Name

Date:

Please return to:

fysprt@gcbh.org

Meredith Piehowski

Southeast Washington Regional FYSPRT Coordinator

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Kennewick, WA 99336