

SAMPLE

6-month YES WORK ORDER FOR PARENT LEADERS AND YOUTH LEADERS

GUIDANCE PROVIDED IN YELLOW HIGHLIGHTS. EXAMPLES OF POSSIBLE TEXT PROVIDED IN BLUE

This form is used by Youth Empowerment Services partners - Department of Health and Welfare (DHW), State Department of Education (SDE) and Idaho Department of Juvenile Corrections (IDJC) - to request work/input from Parent Leaders and Youth Leaders for participation in the Youth Empowerment Services (YES) projects and program. This form is to be used when a YES partner wants to request a parent or youth to be part of their project, whether they have one identified or they are needing one identified, and whether the parent/youth is to be paid or volunteering their time.

Submit the completed work order to the Idaho Federation of Families for Children’s Mental Health (IFFCMH) at info@idahofederation.org 30 days prior to the anticipated start date of the parent’s or youth’s participation.

Requestor’s Name: (name of state staff who is authorizing the workorder: such as *Shane Duty* or *Treena Clark* or *Candace Falsetti* or *Jon Meyer* or *Francesca Barbaro* or other state staff)

Date of Request: (month, day, and year on calendar the Leader needs to report to the requesting staff member such as: *February 2, 2021* or *2/1/2021* or whatever date the Leader is needed) _____

Phone: 7-digit number where the Requestor can be reached such as *208-334-4357*

Email: (electronic address; generally *first name.last name@dhw.idaho.gov* OR *first name.last name@idjc.idaho.gov* OR *first initial last name@sde.idaho.gov*)

Check one: IDHW SDE IDJC (please check the Department the Requestor works for)

If the requestor has a (please check Parent Leader or Youth Leader) Parent Leader or Youth Leader in mind, please add that name here with the individual’s contact information:

Name: (first name and last name of Leader if known) _____ **Phone:** please enter 7-digit number where the Leader can be reached if known such as *208-939-2444* **Email:** (please enter electronic address of Leader if known) _____

Work Being Requested

Task #	Name of work group, committee, etc.	Description of Task(s) & Deliverable(s) (e.g., attend a meeting and provide input, review a document, produce a document, present information)	Traits/Skills Needed of Parent/Youth	Anticipated # of Hours Needed	Start & End Dates Needed Not to Exceed a 6-month timeframe (Month/Year)

2/16/2021

1	<p>Please enter the specific name of the workgroup, committee, subcommittee, assignment, task, or whatever words can describe what the Leader is needed for (such as "ICAT" OR "QMIA" OR "Develop instruction manual".)</p>	<p>Identify the specific work the Leader needs to accomplish (such as "provide parent (or youth) perspective on ... OR "review (specific) documents for accuracy and readability" OR "produce messaging to reach specific audience" OR "present information gathered from a (specific) experience" or similar work AND the associated thing that is to be provided: attendance OR a document OR other indicator of work accomplished.</p>	<p>Please list distinguishing qualities or characteristics, abilities or interests needed to match a Leader with the identified work (as straight-forward as being a parent with lived experience OR a more specific skill set such as a parent with lived experience who speaks Spanish OR youth who has experienced a system of care in a different state OR whatever is needed to get the work done)</p>	<p>Please identify the range in number of hours the Leader is expected to be needed (such as 1-3 hours OR 5-10 hours, OR whatever range is reasonable for the work assignment.</p>	<p>Please identify the date the Leader is first needed and identify the date, not to exceed 6 months, of the anticipated end date of the work (such as 1/1/2021 - 6/30/2021)</p>
2	<p>Please use this space and those below to add additional work groups, committee, etc.</p>	<p>Please use this space and those below to add additional description of task(s) & deliverable(s)</p>	<p>Please use this space and those below to add additional traits/skills needed of parent/youth.</p>	<p>Please use this space and those below to add additional anticipated # of hours needed.</p>	<p>Please use this space and those below to add additional start & end dates needed.</p>

3					
---	--	--	--	--	--

To be completed by IFFCMH: Date Confirmed (within 48 hours of receiving request): _____