

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): _____

Attorney _____ Phone/email _____

* Court Appointed Special Advocate (CASA) _____ Phone/email _____

* Independent Living Program (ILP) provider _____ Phone/email _____

Local Citizen Review Board (CRB) Coordinator _____ Phone/email _____

Y.E.S. (Youth, Empowerment & Safety) line _____ **1-855-840-6036**
Foster Care Ombudsman _____ **FCO.Info@odhs.oregon.gov**
Phone/email _____

IF IN A FOSTER CARE AGENCY OR RESIDENTIAL PROGRAM

Licensing staff _____ Phone/email _____

IF AN ICWA CASE

Tribal affiliation _____ Tribal worker _____ Phone/email _____

OTHER SUPPORTIVE ADULTS AND ADVOCATES

_____ Phone/email _____

_____ Phone/email _____

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

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

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