



Parent Advisory Council Agreement

Parent Advisory Council Role/Function

The Innovative Approaches Parent Advisory Council (PAC) is a diverse group of parents and guardians of children and youth with special health care needs (CYSHCN). The PAC is committed to advocating and educating other families, government agencies, and healthcare professionals on issues that affect CYSHCN in Polk County. The PAC has representatives from across the county served by the LHD's Innovative Approaches Initiative. PAC members meet with local leaders and decision makers to promote collaboration and make recommendations as appropriate to the service providers.

PAC is solely parent-driven. Parents decide on the topics to be discussed, the length of the meeting, and other important items related to the council.

PAC members must be and have the following

- Minimum 18 years old.
- Have WIFI access. Know how to use Zoom or Google Meet, or are willing to learn.
- Use email and social media (Facebook or WhatsApp).
- Speak and write English and Spanish fluently (Hispanic PAC only).

Expectations

- Council members will be expected to attend scheduled meetings within ten months (August-May). One-hour sessions occur once a month on third Tuesday, and the PAC Chairperson calls special meetings as necessary. Members are allowed to miss up to two meetings. Members must notify in advance the PAC chair or IA staff if he or they will miss a meeting.
- Express views and opinions openly, constructively, and respectfully. A welcoming environment.
- Innovative Approaches will help facilitate parent advocacy pieces of training. As a member of the PAC, you will share awareness with other community members about the PAC.
- Although an Innovative Approaches dedicated staff member will develop an agenda for each meeting, PAC representatives may submit discussion items for consideration.
- Serve as a community voice for families and caregivers with CYSHCN. Share information with friends, family, family, and peers. Invite other parents to attend meetings.
- Attend local leaders and decision makers meetings when necessary.
- Please help us improve Innovate Approaches PAC processes by telling us how to do better.

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Benefits (incentives and supports – food at in person meeting only, childcare (ages 2 and up), transportation, gift card incentive for participation, training, and special field trips)

- As a PAC member, you will be compensated per each one-hour meeting with a \$20 gift card. For any additional meetings or approved work and training related to the PAC, you will receive a \$20 gift per one-hour. If a parent/caregiver participates for more than one hour, they can receive \$20 x number of hours in gift card stipends. One stipend per household.
- The payment is taxable if you exceed \$600 a year in gift cards. You must complete a W-9 form using a social security number or individual taxpayer identification number (ITIN).
- Childcare (ages 2 and up) during in-person PAC meetings.
- PAC members-only family lunch or dinner meeting.
- Meeting new friends in the community and receiving support from them.
- Gaining different skills and experiences: communication, leadership, teamwork, etc. These skills will help you better prepare your children to succeed in your community.
- Your knowledge as a community member will be valued.
- You can share with local leaders and decision makers the needs of CYSHCN in your community.

Membership terms

The PAC membership term is 12 months. Members whose terms are up will be offered the opportunity to stay for another term.

If a person in their second year is elected to be an officer, they will serve until the end of their official term.

Structure of the PAC

The PAC is composed parents who serve 12 months term. For this Council, the term “parent” refers to the parent or legal guardian of a CYSHCN child. The Parent Advisory Council will select co-chairs at the first meeting.

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Apply as soon as possible. We will select members by the first day of the month.

Parent Advisory Committee Membership

Self-Nomination Form

Dear parents and guardians,

This application is a self-nomination form you can complete if you are interested in becoming a member of the Parent Advisory Council. Please submit this form by the last day of the month.

Please answer the following questions (you only have to respond one time, in either English or Spanish, whichever you prefer):

Name: _____ Date: _____

I am a: Mother ___ Father ___ Grandmother ___ Grandfather ___ Foster Parent: ___ Guardian: ___

Home No.: _____ Work No.: _____ Cell No.: _____

Address: _____ City: _____ Zip Code: _____

E-Mail: _____

Number of children in the household: _____

Age: ___ Sex: ___ Childcare/School/Homeschool: _____

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Please share a couple of sentences about what interests you about this opportunity.

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Innovative Approaches

Partnering. Navigating. Thriving.

How did you hear about PAC?

Do you have a way of getting to meetings/events? Yes No

Do you need help getting to meetings/events? Yes No

Do you prefer in-person or virtual meetings? _____

When works best for you? Weeknight meetings will be held on third Tuesday.

3 pm – 4 pm 4 pm - 5 pm 5 pm – 6 pm

Or Third Thursday. 9 am – 10 am 10 am - 11 am

Other dates and times _____

Yes, I agree to attend the meetings. I will let the PAC Parent Outreach Connector, Rosanna Kingston, by email at rkingston@polknc.org or call/text at 828-899-0025 OR Marjorie Vestal, Innovative Approaches Coordinator, at 828-899-0876 or Mvestal@polknc.org, know if I cannot attend any longer.

Printed name: _____ Date: _____

Signed: _____

Please fill out this document, scan it or take a photo of it, and email to rkingston@polknc.org, or mail it to:

Innovative Approaches: P.O. Box 308 (40 Courthouse Street) Columbus, NC 28722



Scan for info

Thank you for your interest in the Parent Advisory Committee!

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