



## REGIONAL INTERAGENCY COUNCIL (RIAC)

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### RIAC MISSION

*Promoting healthy children across Kentucky: Building collaborative partnerships to promote children's social and emotional needs where they live, learn, work, and play.*

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### LEARN MORE

[RIAC website](#)

[RIAC Parent & Youth Representative Guidance Document](#)

[RIAC flyer](#)

[RIAC Leader Contact List](#)  
*includes list of counties covered by each RIAC*

### Youth and Parent Representative Information:

- Youth Representatives serve as the voice for children and transition-age youth (ages 16-25) with or at risk of developing mental health, substance use, or co-occurring mental health and substance use needs and other challenges.
  - Parent Representatives are the voice for families whose child or transition-age youth (ages 16-25) receives or has received services and supports from RIAC partners, such as Community Mental Health Centers, Office of Vocational Rehabilitation, Department for Community Based Services, etc. Services and supports, include but are not limited to the following: school-based services, residential treatment, participation in a diversion program, therapy, etc.
  - Youth and Parent Representatives:
    - Share their lived experience and perspective about strengths and barriers to accessing services to meet their mental health and/or substance use needs
    - Provide input about available and needed community resources
    - Help inform RIAC on matters affecting the families and youth in the community
    - Seek opportunities to connect with peers in order to share with RIAC the collective experiences of youth and parents  
*Youth and Parent Representatives will be offered training on how to share information with groups. Youth and Parents will be able to decide on when and how much information they would like to share with the RIAC. RIACs are public meetings, and service recipients' names, diagnoses or identifying case specifics are not shared.*
    - Actively participate, serving as a voting member on RIAC in monthly two-hour virtual or in-person meetings  
*Youth and Parent Representatives and their alternates receive \$50 compensation each time they participate in a RIAC meeting. Dates/times vary by region. Meetings currently occur Mondays – Fridays between the hours of 8 a.m. – 4:30 p.m. and on the same schedule each month.*
    - Serve a two-year term  
*The RIAC may reappoint for one additional two-year term.*
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## APPLICANT INFORMATION:

First & Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact:  Text  Email  Phone call

**Transition-age Youth**

Youth between the ages of 16 and 25, who has a behavioral health need and who is receiving or has received a service from at least one child-serving agency to address a mental health, substance use, or co-occurring mental health and substance use needs prior to age 21.

Current age: \_\_\_\_\_ Birth year: \_\_\_\_\_

List services received and/or agencies used to address the needs (do not list diagnoses):

**Parent**

A parent (biological, adoptive, or relative caregiver with permanent legal custody) who is raising or has raised a child or youth with mental health, substance use, or co-occurring mental health and substance use needs who has been or is a client of at least one service to address these needs, prior to age 21.

Check which applies:

Biological parent

Adoptive

Relative caregiver with permanent legal custody

Age of child(ren) or youth that have a mental health, substance use, or co-occurring mental health and substance use need: \_\_\_\_\_

Age of child(ren) or youth at the time they received services: \_\_\_\_\_

List services received and/or agencies used to address the needs (do not list diagnoses):

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## RESPONSE PREFERENCE:

Please select how you prefer to respond to the remainder of the application questions:

Write or type responses

Answer verbally - A RIAC representative will write/type your responses

Answer verbally - Participate in an interview with RIAC Members

If you selected to answer verbally, what is the best way to contact you?

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## APPLICANT QUESTIONS:

**Responding to the questions below will allow members to learn about your interest in RIAC and what supports may be helpful in your role as a Youth or Parent Representative.**

Are you a current or past participant in a council, board, club, meeting, etc.?  Yes  No

*Previous experience is not required to become a RIAC member.*

If yes, list name(s) of the council, board, club, etc. and note if you held a leadership role. Give an example of one time you shared your opinion with one of the groups or during a meeting.

Why are you interested in being a member of the RIAC?

What strengths will you bring to the RIAC?

Often we have connections with peers experiencing the same type of challenges or accessing similar services. RIACs seek both personal and collective voice of parent/youth in the community. What are ways you will connect with and seek feedback from your peers?

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## CONFIRM & SIGN:

### Transition-age Youth Applicant:

"I am willing to be identified as a youth who has a mental health and/or substance use need(s) and who is receiving or has received a service to address that need."

### Parent Applicant:

"I am willing to be identified as a parent of a child with a mental health and/or substance use need(s) who is receiving or has received services and supports to meet that need."

*By signing, I confirm that the above information is accurate and reflects my interest and commitment to serve on the RIAC. I understand that my application will be shared with the RIAC and State Interagency Council (SIAC). Upon RIAC review and approval, the application will be sent to the SIAC for official appointment. Information in this document may contain privileged and confidential information, including personal information protected by federal and state privacy laws. It is intended only for the use of the RIAC and SIAC.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature (if applicant is under 18)

\_\_\_\_\_  
Date

**Questions? Click here to find your [RIAC Local Resource Coordinator \(LRC\)](#).  
Also, contact your RIAC LRC to submit your application.**

#### FOR OFFICE USE ONLY

RIAC: \_\_\_\_\_

Date RIAC Voted: \_\_\_\_\_

Date submitted to RIAC/SIAC Administrators: \_\_\_\_\_

Date SIAC Chair appointed: \_\_\_\_\_