

## What is KY Youth Move and who is a member?

The KY Youth Move Council is a group of youth/young adults that want to help their peers. The group has eight-teen members that are 14 to 26 years old and have a behavioral health or substance use diagnosis. Members are from different areas of Kentucky.

## What does the KY Youth Move Council do?

The council uses their experiences to help educate other youth, parents, and professionals. The council learns leadership and advocacy skills, focuses on ways to reduce stigma, promotes youth voice, and helps other youth.

## When does the KY Youth Move Council Meet?

The Youth Council meets four to five times a year to work on their focus areas. Meetings are usually in Frankfort, KY. Mileage reimbursement is given for members to attend meetings.

## Vision & Mission Statement

**Vision** – KY Youth Move will create a statewide network to help all youth entering a youth serving system to reach their fullest potential, be empowered, persevere, share their voice and be self-sufficient in living a life without stigma.

**Mission** – KY Youth MOVE will provide advocacy and training, share their lived experiences with others, help to create a youth-guided peer to peer network, partner with other organizations to help them understand youth behavioral health challenges, and create a culturally competent youth led system of care.

If you are interested in joining the KY Youth M.O.V.E. council, please fill out this application and return it to Carmilla Ratliff.

## Return Address:

Kentucky Partnership for Families and Children, Inc.

Carmilla Ratliff  
207 Holmes St., First Floor  
Frankfort, KY 40601

**Phone:** (502) 382 – 0947

**Fax:** (502) 875 – 1399

**E-mail:** [carmilla@kypartnership.org](mailto:carmilla@kypartnership.org)



**KY YOUTH M.O.V.E. MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_ email: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade/Year? \_\_\_\_\_

Parent or Guardians Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(If you are under 18 years old)

If applicable, do you have an Individualized Education Plan (IEP) or 504 plan at school?

Yes  No

Are you employed? Yes  No

Please list any extracurricular activities, groups, accomplishments, or awards:

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**What is your diagnosis?**

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**At what age did you get diagnosed?**

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**Have you been on the KY Youth M.O.V.E. Council before?**

If yes, include reason for stepping off the Council.

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**Do you have reliable transportation?** \_\_\_\_\_

If not, how will you get to the meetings?

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