



# Association of Village Council Presidents

Healthy Families Workshop: *Elluarrluteng Ilakutellriit*

--Registration--

Scan/E-mail to: [tkaganak1@avcp.org](mailto:tkaganak1@avcp.org) or [healthyfamilies@avcp.org](mailto:healthyfamilies@avcp.org)

Phone: 907-543-8687 or 907-545-1644

(Please print clearly)

FULL LEGAL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_ Msg \_\_\_\_\_ E-Mail \_\_\_\_\_

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

Please tell us why you are interested in attending the Healthy Families Workshop:

\_\_\_\_\_

Are you currently receiving TANF? Yes / No

Are you enrolled in a Tribe? Yes / No

If yes, which Tribe? \_\_\_\_\_

If not, are you eligible for enrollment? Yes / No / Unsure

Our Elder Facilitators prefer to speak in Yugtun. An interpreter will be available. Please tell us your fluency in the Yup'ik language: I can (circle all that apply) Speak: well / some Understand: well / some Both: well / some

Healthy Families has my permission to email a copy of my Certificate of Completion to:

- OCS Case Manager: (name/email) \_\_\_\_\_
- ICWA CFSS Worker: (name/email) \_\_\_\_\_
- Other: (name/email) \_\_\_\_\_

**\*\*Due to COVID-19, the Healthy Families Workshops have been temporarily altered to focus on Yuuyaraq/Yuuluakallerkaq (Our way of life/Living well) and themes by the current season. It has been shortened significantly and will be delivered through Skype Teleconferencing. This is a new way of delivering services, so please bear with us and do not hesitate to ask any questions. When it is determined safe to go back to in-person Workshops we will resume using the full *Elluarrluteng Ilakutellriit* cycle.**

(Read the following out loud to participant, over the phone, if they cannot complete/sign registration form in person):

- I understand that I will be asked to leave the teleconference if I am under the influence of alcohol or drugs.
- I understand that I will not receive a certificate of completion if I do not attend the entire workshop.
- I understand that I must be respectful of the other participants in the teleconference, which includes listening to those who are speaking and speaking in a respectful manner
- **Confidentiality Agreement:** I understand that I have the right to confidentiality as a participant of AVCP's Healthy Families Program. I agree not to disclose any information that helps to identify other participants to anyone outside of this group. This includes, but is not limited to, saying names, community, and any information I may have heard. I also agree to participate in a quiet and private area to respect the confidentiality of the group over the next three days.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

(If participant cannot sign)

Staff Signature/Name \_\_\_\_\_ Date \_\_\_\_\_