

***Who can be a member of KFAN?***

***Family Partners who*** 1) have received, 2) are currently receiving, or 3) are at risk of receiving child welfare services. Family partners who may join KFAN include but are not limited to: birth parents, adoptive parents, guardians/custodians, foster/resources parents, kinship/relative caregivers, and adults formerly in foster care.

***Community Partners*** are child welfare practitioners, agencies, organizations, as well as individuals from the community.

**Members must support the purpose of KFAN and practice similar values such as non-adversarial collaboration.**

***The purpose of KFAN is:***

* To promote safety, permanency, and well-being for children and families by establishing, engaging, educating, supporting, and sustaining family involvement in child welfare;
* To provide support and education to children and families who have, are, or may be at risk of experiencing loss of safety, permanency, or well-being;
* To promote collaboration and partnerships among birth parents and other caregivers or resources, including but not limited to foster/resource parents, adoptive parent, relatives/kin, child welfare services, social service practitioners; law enforcement, court service, policymakers, and the society at large.

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| ***I would like to become a member of KFAN*** | | | | | |
| ***Family Partner*** | | | ***Community Partner*** | | |
| ***Member Information (Personal information provided only to Executive Committee unless permission given.)*** | | | | | |
| Name of Contact *(First)* | | ***(Last)*** | | Best Phone Number | |
| Address | |  | |  | |
| City/State/Zip | |  | |  | |
| Email Address | |  | |  | |
| ***Please check what you would like emailed***  Board agenda Minutes Announcements Upcoming Events | | | | | |
| Release of information to | Board Members/Staff | | KFAN Members | | Other Organizations |
| Name only |  | |  | |  |
| Name and email |  | |  | |  |
| Name and address |  | |  | |  |
| I wish to stay anonymous |  | |  | |  |
| ***Please return this form to: KFAN, Inc., PO Box 8577, Wichita, KS 67208.***  ***Questions, please call 316-529-9137 or 1-800-969-5764 or email*** [***kfaninfo@gmail.com***](mailto:kfaninfo@gmail.com)***.***  ***Visit our website at www.kfan.org*** | | | | | |
| Office Use:  Date Received: Acknowledged: | | | | | |