

Child Welfare Virtual Expo Registration Form



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THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) The purpose of this information collection is to better understand how the Capacity Building Center for States, a service of the Children's Bureau, is engaging and making resources available to Child Welfare Virtual Expo audiences. Public reporting burden for this collection of information is estimated to average 3 minutes per respondent, including the time for reviewing instructions. This is a voluntary collection of information. A federal agency may not conduct or sponsor, and no individual or entity is required to respond to, nor shall an individual or entity be subject to a penalty or failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless that collection of information displays a currently valid OMB control number. If you have any comments on this collection of information, please contact Lisbeth Ensley, Center for States, by e-mail at Lisbeth.Ensley@icf.com.

This is a Child Welfare Capacity Building Collaborative event and, as such, information provided during registration may be shared with the Children's Bureau. Information may also be used for the Capacity Building Collaborative's evaluation purposes, with identifying information held private and all reporting done in aggregate.

#	Registration Field	Field Type
1	First Name*	Text
2	Last Name*	Text
3	Email Address*	Text
4	State*	Picklist (All States, U.S. territories)
5	Time Zone*	Picklist
6	How did you hear about the conference?	<ul style="list-style-type: none"> <input type="radio"/> Capacity Building Collaborative webpage <input type="radio"/> Capacity Building Center for States Liaison <input type="radio"/> Listserv <input type="radio"/> Colleague <input type="radio"/> Hard-copy publication <input type="radio"/> Search engine (e.g., Google, Yahoo) <input type="radio"/> Capacity Building Collaborative social media (e.g., Facebook, Twitter) <input type="radio"/> Capacity Building Center for Courts <input type="radio"/> Capacity Building Center for Tribes <input type="radio"/> Child Welfare Information Gateway <input type="radio"/> National Child Welfare Workforce Institute (NCWWI) <input type="radio"/> Quality Improvement Center on Workforce Development (QIC-WD) <input type="radio"/> Children's Bureau Learning and Coordination Center (CBLCC) <input type="radio"/> Other (please specify): _____
7	Have you participated in a previous Child Welfare Virtual Expo?	Y/N
8	Employer/Organization*	Text
9	Which best describes your employer/organization? (Select one)*	<ul style="list-style-type: none"> a. State Child Welfare Agency b. County Child Welfare Agency c. Territorial Child Welfare Agency d. Tribal Child Welfare Agency e. State or County Court/Legal System f. Tribal Court/Legal System

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		g. Private or Community-based Child Welfare Agency h. Local Government/Tribal Council i. Law Enforcement Organization j. Primary Care/Health Care Services Provider k. Behavioral/Mental Health Services Provider l. Substance Abuse Services Provider m. Domestic Violence Services Provider n. Juvenile Justice Organization o. Primary/Secondary Education p. College/University q. Technical Assistance Provider r. Federal Government s. Other t. Not Applicable
10	Primary Role*	State/County/Territory/Tribal Agency a. Agency Director/Deputy Director b. Program/Middle Manager c. Supervisor d. Caseworker/Direct Practice Worker/Frontline staff e. Parent Partner/ally f. Kinship navigator g. Independent living (IL)/Education and Training Voucher (ETV) coordinator h. Youth/young adult leader i. Parent/caregiver State/County/Territory/Tribal Court j. CIP or TCIP Director/Coordinator k. CIP or TCIP Staff l. Judge m. Attorney for Child Welfare Agency n. Attorney for Parent o. Attorney for Child p. Attorney Guardian Ad Litem q. Court Administrative Officer r. Court/Attorney s. Court Appointed Special Advocate/Non-attorney GAL/Advocate t. Court Case Worker/Social Worker School/University u. Dean/Director/Administrator v. Teaching Faculty w. Training Academy Leadership/Staff x. Research Faculty/Staff (non-teaching role) y. Student Other z. Technical Assistance Provider aa. Other bb. Not Applicable

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11	Which of the following best describes your primary work responsibilities? (Select one)*	<ul style="list-style-type: none"> a. Workforce Development/Training b. Continuous Quality Improvement/ Evaluation c. Information Technology/SACWIS/Data Systems d. Indian Child Welfare Act e. Primary or Secondary Prevention f. Child Protective Services g. In-home Services/Promoting Safe and Stable Families h. Foster Care/Placement/ Licensing/Reunification i. Adoption/Guardianship j. Youth in Transition/Chafee/ Independent Living Programs k. Other l. Not Applicable
12	How many years of experience do you have working in child welfare? (Select one)*	<ul style="list-style-type: none"> <input type="radio"/> Less than 1 year <input type="radio"/> 1–5 years of service <input type="radio"/> 6–10 years of service <input type="radio"/> 11–15 years of service <input type="radio"/> 16+ years of service <input type="radio"/> Not Applicable
13	Do you identify as a family or young adult who is currently or formerly involved with the child welfare system?	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Decline to answer
14	If you plan on participating in a group (sharing one registration), how many people will be in your group?*	Text
15	Would you like to receive information from the Center for States about a future Child Welfare Virtual Expo?	Y/N