

**National Center on Substance Abuse and Child Welfare Convening  
Registration Information Collection**

- First and last name
- Email address
- System
- State/Province/City/County
- Do you work for a tribe or tribal coalition?
  - If yes, what tribe or tribal coalition?
- Organization
- Job title
- Grantee name
- Other agency name
- Which of these times works best for your schedule?
- At what ages were you involved in child welfare services?
- How long were you involved in child welfare services?
- What was your permanency status exiting care?
- In participating in a breakout group session, would you most align with a direct service provider or a program manager/administrator?
- How many years of professional experience do you have?
- How many years of post-high school education do you have?

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to gather registration information from convening participants. Public reporting burden for this collection of information is estimated to average 4 minutes per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0617 and the expiration date is 09/30/2026. If you have any comments on this collection of information, please contact Surina Amin at [surina.amin@acf.hhs.gov](mailto:surina.amin@acf.hhs.gov).