



Citizen Review Panel Information Public Health District VII

Thank you for your interest in the Public Health District VII Citizen Review Panel. Public Health District VII, or Eastern Idaho Public Health, serves Bonneville, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton Counties.

In 1995, the Idaho Department of Health and Welfare organized Citizen Review Panels in each of its seven regions to examine how Idaho's Child Protection System worked and to make recommendations for improving the system. In 2018, the Idaho Legislature amended Idaho Code to transition oversight of the Citizen Review Panels to Idaho's seven local public health districts. The Citizen Review Panels are comprised of up to seven volunteers that reside within the boundaries of the public health district. Each Citizen Review Panel is tasked with reviewing all cases brought under the child protective act that have been open in the corresponding district court, or other appropriate local jurisdiction, longer than 120 days.

We are seeking people from all walks of life with varying levels of experience to create a diverse panel of volunteers with an interest in the welfare of children and families and a strong motivation to improve the lives of children. Participation on the Citizen Review Panel will require individuals with an ability to maintain confidentiality and cope with sensitive and emotional cases. The application process includes an interview, reference checks, and a criminal history background check (paid for by Eastern Idaho Public Health). Once selected, panel members will be required to sign a confidentiality agreement with the Idaho Department of Health & Welfare.

It is anticipated that serving as a Citizen Review Panel member for Eastern Idaho Public Health will require you to commit to a two-year term, attend a mandatory Citizen Review Panel training (1.5 – 2 days in length), attend monthly meetings (4-8 hours in length), and participate in ongoing annual training. Additional time may be required of panel members outside of the monthly meetings.

If you are interested in applying to serve as a member of the Region 7 Citizen Review Panel, please submit your application by August 10, 2018. If you have further questions, please contact Geri Rackow at (208) 533-3163 or grackow@eiph.idaho.gov

Citizen Review Panel Application

Public Health District VII

Citizen Review Panels are federally mandated groups of professionals and private citizens who are responsible for determining whether state and local agencies are effectively discharging their child protective responsibilities. Our purpose is to improve services to children and families. We provide this assurance through case reviews and review of department policies and procedures.

Full Name

Mailing Address

County of Residence:

Contact Numbers

Home/Cell:
Work:

Email Address

Current Occupation & Employer

Date of Birth

Level of Education

- Some high school (no diploma/or GED)
- GED or High School Diploma
- Some College
- College Degree
- Some Post-Graduate Work
- Graduate Degree

Gender

- Female
- Male

Ethnic Origin

- African American
- Asian
- Caucasian
- Latino/Hispanic
- Native American/Native Alaskan
- Pacific Islander
- Other

Are you, or have you been a foster parent?

- No
- Presently am
- Formerly was

Are you an adoptive parent?

- Yes
- No

Are you able to attend a monthly 8 hour meeting, if scheduled in advance? Yes No

Please indicate which days you are NOT available

Are you willing to serve an initial two-year term on panel?

- Yes
- No

Please list any experience or knowledge you have had which relates to child welfare (e.g. child advocacy, adoption, abuse & neglect case worker, victim, mental health provider, etc.)

What are your reasons for wanting to serve on a Citizen Review Panel to evaluate the child welfare system?

In what other organizations, activities, boards or volunteer activities are you involved?

List any potential conflicts of interest that you may have while serving on the Citizen Review Panel.

List three references (NO RELATIVES). Provide NAME, ADDRESS, PHONE #, and EMAIL.

I understand that the information contained in this application will be used to select a panel that is representative of the community. I understand the Citizen Review Panel will conduct a criminal history check. I understand my application does not ensure selection to a review panel. I also understand that if selected, I will not be reimbursed for out of pocket expenses incurred while conducting my duties. I further understand that if selected I will be called upon to attend all reviews/meetings of the Citizen Review Panel. I understand that I should expect to meet monthly for two to four hours. Finally, I agree to attend mandatory training/orientation as established by the Citizen Review Panel.

I agree to keep confidential ALL information reviewed by the panel, its actions and its recommendations and to not use any information I obtained from the work of the Citizen Review Panel.

Signature

Date:

To Submit Application:

Mail: Eastern Idaho Public Health
Attn: Geri Rackow
1250 Hollipark Drive
Idaho Falls, ID 83401

Fax: 208-525-7063

Email: grackow@eiph.idaho.gov

Questions may be directed to Geri Rackow, Director, at 208-533-3163.