

## OUR MISSION

To empower, support and advocate for Kansas families by promoting safety, permanency, and well-being of our children.

## OUR PURPOSE

To support foster and adoptive families, relatives or caregivers who share parenting with the birth family while seeking to find permanence, safety, and stability for the child. These individuals are willing to provide a permanent connection for the child as the child reunifies with the birth family. They play an active role in linking the child to their past as well as guiding their future.

## 2011—2012 Board of Directors

- President: Julie Schoemehl  
816-729-7513  
julie13022@yahoo.com
- Vice President: Jeff Piepho  
785-342-9805  
jeff@piephomultimedia.com
- Secretary: Sandra Hiller, acting secretary  
620-628-4071  
sandra-hiller@fhrd.net
- Treasurer: Sandra Hiller  
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sandra-hiller@fhrd.net
- Region 1 VP: Dana Badders  
913-244-4914  
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- Region 2 VP: Mary Tye  
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- Region 3 VP: Dennis & Carol Finch  
785-534-9612  
dfinch@nckcn.com
- Region 4 VP: Susan Wegele  
785-672-4919 or 785-953-7704  
lorenandsusie@yahoo.com
- Region 5 VP: Vacant

## MEMBERSHIP INFORMATION

# Kansas Foster & Adoptive Parent Association



[www.KFAPA.org](http://www.KFAPA.org)

## BENEFITS OF MEMBERSHIP

- Information about trainings and conferences relating to child welfare
- Networking opportunities with other foster (resource) families, adoptive families and relative caregivers
- Board members to advocate on your behalf at local, state and national levels
- Opportunity for all foster, adoptive and relative families to provide input about the child welfare system
- Working to instigate changes by alertness to legislation affecting the child welfare system
- Quarterly newsletter



## Membership Options

- INDIVIDUAL — available to all licensed foster (resource) families, adoptive families and relative caregivers for \$10.00/year
- PROFESSIONAL — \$10.00/year
- LOCAL AFFILIATE — \$25.00/year
- CORPORATE — available to all child welfare agencies for \$100.00/year
- LIFETIME — \$1000.00



## Membership Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Check all that apply:

Foster (Resource) Parent

Adoptive Parent

Relative/Kinship Caregiver

Informal Care Provider

Agency \_\_\_\_\_

Other \_\_\_\_\_

Are you interested in holding a Board position or serving on a KFAPA committee?

Yes       No

I would like to make a tax deductible contribution to KFAPA, a non-profit 501(c)(3) organization, in the amount of \_\_\_\_\_

Membership application and appropriate dues should be sent to: KFAPA, PO Box 273, Canton, KS 67428