



Culturally Relevant and Responsive Residential Services For Oregon Youth Authority Questionnaire

Email To: oyaprocurement@oya.oregon.gov

Fax To: 503-373-7921

Mail To: Oregon Youth Authority, Procurement Unit, 530 Center Street NE, Suite 500, Salem, OR 97301

Contact Name _____

Business Name _____ Tax ID Number _____

Address _____

City, State, Zip _____

Phone Number _____ Email _____

Types of Services Interested In or Able to Provide *(select all that apply)*

- All of the below
- Assessment/Evaluations
- Education
- Life Skills
- Reconnect youth to identify appropriate community cultural support
- Individual/Group Counseling
- Skill Building
- Mentoring
- Family Therapy
- Transportation of Youth
- Other (specify) _____

Miscellaneous Information

Do you have the required minimum insurance coverages? Yes No

If you do not have insurance coverage, do you plan on acquiring insurance coverage? Yes No

Which insurance coverage do you not have? _____

Population of Youth to be Served (include age) _____

Do you have a Children's Care License? Yes No

Do you rent or own property where services will be provided? Rent Own

What licenses, certifications, accreditations does your staff currently have? _____

What city or county will residential services be provided? _____

Experience

List the years and months of experience you have providing culturally appropriate and responsive services to youth:

List any certifications or qualifying experience you have with providing culturally relevant activities for youth:

Describe your philosophy and approach to working with marginalized and at-risk youth, and your approach, models, or best practices when working with this population of youth. Attach any samples of assessments, skill building plans, objectives, relative program materials, etc., and how that specifically meets the needs of marginalized youth.

How would you vary your services if you are providing services to similar ethnic groups with differing cultural norms?

References

Reference #1 Name _____

Email _____ Phone Number _____

Address _____

Reference #2 Name _____

Email _____ Phone Number _____

Address _____