



Native American Services Application For Oregon Youth Authority

Email Application To: leslie.riggs@oya.state.or.us **Fax Application To:** 503-373-7622

Mail Application To: Oregon Youth Authority, Native American Program Coordinator
530 Center Street NE, Suite 500, Salem, OR 97301

Name _____

Business Name _____ Tax ID Number _____

Address _____

City, State, Zip _____

Mailing Address (if different) _____

City, State, Zip _____

Phone Number _____ FAX Number _____

Email _____

Insurance Coverage

Do you have all the required insurance coverage? 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? _____

(If insurance coverage requirements will NOT be met before a services purchase order contract is awarded, a mitigation plan will be required to be submitted to OYA for their review and approval. Contact OYA for copy of Insurance Mitigation Plan Form.)

Types of Services Interested in Providing *(select all that apply)*

- All
- Sweat Lodge Ceremonies
- Sacred Pipe Ceremonies
- Talking Circles
- Smudging
- Pow Wows
- Beading and Regalia Classes
- Traditional Song Classes
- Drumming, Drum, Rattle, Flute, etc. making Classes
- Spiritual Ceremonies
- Culturally Relevant Support and Treatment Groups
- Other (specify): _____

Experience

List the years and months of experience you have providing Native American services to youth:

List any certifications or other qualifying experience you have with Native American activities:

Describe your philosophy and approach to providing appropriate services to criminally affected youth and families:

Describe the approaches, models, or best practices you employ when working with minority youth. Provide samples of any assessments, skill-building plan, objective, or any other relevant program material:

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

Include the Following Documents with Application Submission

- Completed Consent for [Criminal Records Check Form](#)
- Completed [PREA Questionnaire](#)
- Copies of Certificate of Insurance (If Available)
- [Insurance Mitigation Plan](#) (If Applicable)
- References

Signature: _____ Date: _____