

CELEBRATING CHILDREN LIVING
WITH RELATIVES & OTHER
SIGNIFICANT ADULTS

MY FAMILY. MY STORY.

Expressions of Children Art Contest

WIN A PRIZE
**WRITE A STORY, DRAW A PICTURE, SHARE A
POEM ABOUT LIVING WITH A RELATIVE OTHER
THAN A PARENT**

Contact 2-1-1 or Heidi Smith at Heidi.smith@dhw.idaho.gov for
more questions. Rules of participation on back



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Idaho CareLine • IDHW

2-1-1
™

Get Connected. Get Answers.

Dial 2-1-1 or 1-800-926-2588

211.idaho.gov

Text Your ZIP Code To 898211

The Rules of Participation:

All participating children must live in Idaho and be up to 18 years old. • Children must currently live or have lived in a kinship family in the past. • Using the included entry form is not required but please include name, age and contact information for each entry (preferably on the back). • All entries must be received or postmarked by Sept. 18, 2020. Feel free to include a statement explaining your art. • Entries must be original and unpublished. • Winners will be notified in late Sept. and all judging is final. • We reserve the right of first publication and use of all writings and drawings. • All entries may be published in a 2020 book called "My Family. My Story." that will be posted online at 211.idaho.gov, distributed within the Department and to participants .

Kinship relative/Kinship child consent

I hereby give permission to 211 Idaho Careline & Idaho Department of Health & Welfare to use my first name and photographic likeness, artwork, profile, image and/or story in all forms and media for advertising, trade, and any other lawful purposes including release to third party social networking websites. I understand the circulation of the materials may be worldwide and that there will be no compensation to me for this use.

Printed Name:

First name of Artist:

Signature:

Date:

Address:

City:

State:

Zip:

Phone:

Email:

If Under 18 years of age (child consent)

I hereby assign and grant 211 Idaho Careline & the Department of Health & Welfare the right and permission to use and publish the photographic or electronic reproduction of my child and use their name. I agree to the terms of distribution as printed above

Printed Name:

Guardian Signature:

Date:

First Name of Artist:

