

DISABILITIES ADVISORY COUNCIL APPLICATION

Please fill out the application below and email your finished application to aowen@utah.gov. If you need help in completing this application, please call (801) 538-4092.

Name:

Phone Number:

Email Address:

I am applying as a (please check only one):

- Person with a disability who is currently receiving DSPD services in the community
- Family member of a person with a disability who is currently receiving DSPD services in the community
- Person with a disability or family member who is currently waiting for services from DSPD
- Person or family member who is currently receiving services from the Utah State Developmental Center (USDC) or a private ICF/ID
- Provider of home and community-based DSPD services from the private sector
- Support Coordinator of DSPD services from the private sector

Why are you interested in being a member of the Council?

What do you feel like you would bring to the Council? (i.e. interest, experience, knowledge, skills, etc.)

If you have a resume you would like us to consider, please send it along with your completed application to the email address listed above.

Resume attached:

Yes No