

Developmental Services State Program Standing Committee
Supplemental Application Form

PLEASE PRINT OR TYPE ALL RESPONSES and return with the "Application For Gubernatorial Appointment" form.

1. **Name:** _____
Mailing Address: _____

Phone Number: _____ **Date:** _____

2. Please indicate (X) all choices that apply to you:

- ____ I am a person with a developmental disability.
- ____ I am the parent/guardian of a person with a developmental disability who receives or has received services from a designated service agency.
- ____ I am a professional with expertise in the area of developmental disabilities.
- ____ I am a provider of services to people with developmental disabilities.
- ____ I am an advocate for people with developmental disabilities.

3. The Standing Committee meets in Waterbury on the 3rd Thursday of each month from 9:30 a.m. – 12:30 p.m.
Will you be able to attend most Committee meetings? ____ Yes ____ No
Can you attend additional meetings if they are planned well in advance? ____ Yes ____ No

4. Will you need assistance arranging transportation, attendant or respite services, etc. in order to attend meetings? ____ Yes ____ No
If "yes," please specify your needs: _____

_____.

5. If you need meeting materials in other than a printed format, please specify your needs:

_____.

6. Please explain (on a separate sheet) why you are interested in serving on this committee.

Please return forms to:

Department of Disabilities, Aging and Independent Living
Division of Disability and Aging Services
ATTN: Lanora Freedom
103 South Main Street, Weeks Bldg.
Waterbury, VT 05671-1601