



APPLICATION FOR COUNCIL MEMBERSHIP

Thank you for your interest in serving on the New Hampshire Developmental Services Quality Council. The Developmental Services Quality Council provides leadership for consistent, systemic review and improvement of the developmental disability and acquired brain disorder services provided within New Hampshire's Developmental Services System.

At least fifty one percent (51%) of members of the Quality Council are individuals with disabilities served by the system or parents of individuals served by the system. Eighteen members of the Council are appointed by various organizations and there are up to 5 at-large members nominated by the Council and appointed by the Governor.

This application is for one of the 5 at-large member seats.

Council members are expected to attend Full Council meetings each month, currently from 10:00 AM – 12:00 PM on the third Wednesday of every month. They are also expected to participate in committee work.

To apply, complete the application below and email it to the Quality Council at nhcasdqc@gmail.com. The application can also be mailed to:

New Hampshire Developmental Services Quality Council
In care of NH Council on Developmental Disabilities
2 ½ Beacon Street
Concord, NH 03301-4477

For additional information on the Quality Council, please email nhcasdqc@gmail.com or visit our website at <https://www.nhqualitycouncil.org>.



Application for Membership

Name:

Address:

City, State Zip Code:

Phone Number:

Email Address:

The law that governs the Quality Council requires that 51% of members are individuals with disabilities served by the system or parents of individuals served by the system. Are you an individual with disabilities served by the system or parent of individuals served by the system?

YES

NO

Please tell us about yourself (or attach information).

What are you interested in? What are you concerned about?

Why are you interested in serving on the Council?

What does Quality mean to you when it comes to services being provided?

What perspective or expertise will you provide to support the Council's work related to quality?

Do you need help to be active in the Council? What kind of help do you need?
Examples: I need handouts in large print OR I need a sign language interpreter OR I need reminders of meetings and tasks OR I need materials mailed to me.

The Council is committed to including the voices of marginalized groups in its work. Marginalized groups are groups or communities that are excluded from mainstream social, economic, educational, and/or cultural life.

Are you a member of a marginalized group?

YES **NO**

*If yes, please explain.

Are you able to attend full Council meetings in person in Concord? The Council can help pay for transportation expenses if needed.

YES **NO**

If you are chosen to serve on the Council, you must serve on a committee? Which committee seems most interesting to you. You can always change your mind.

- Member Relations**
- Rules and Regulations**
- Data**

Signature of applicant: _____

Date: _____

Thank you for your interest in serving on the NH Developmental Services Quality Council. A member of the Member Relations committee will be in touch about the next steps in the application process when we have openings for membership.