

Thank you for your interest in applying as a part of the District 3 Disability Services Advisory Council (DDSAC). The DDSAC is regulated by Iowa Code 231.

A council's composition must include nine members with at least 50 percent of members being individuals with disabilities or caregivers. The appointments will be for three-year staggered terms, which will expire on June 30 of each year.

Responsibilities of the DDSAC Council will include:

- Identifying District Access Point Opportunities
- Addressing District Access Point Challenges
- Advising the District Access Point

DDSAC meeting dates and times will be determined by DDSAC member availability, with orientation occurring in October. Please send completed applications to [russell.wood@cicsmhds.org](mailto:russell.wood@cicsmhds.org).

If you would like assistance in completing this application, please contact [lisa.hill@cicsmhds.org](mailto:lisa.hill@cicsmhds.org) or 641-456-2128 and you will be contacted by a staff member to arrange a phone or face to face interview.

**District 3**  
**Disability Services Advisory Council Application**

**Contact Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

**Are you a person with lived/living experience?**    ☐ Yes    ☐ No

*Lived/living experience is defined as personal knowledge gained through direct and/or firsthand experience with disability conditions.*

**Are you a caregiver?**    ☐ Yes    ☐ No

*A caregiver is defined as someone who provides assistance and support to another person who needs help with daily tasks and activities due to illness, injury, disability, or aging.*

If yes, what is the age(s) of the individual(s) that you support: \_\_\_\_\_

**Provide a personal statement addressing your interest as a member of the DDSAC (250 word limit).**

---

---

---

---

---

---

---

---

---

---



## Employment/Volunteer Experience

Employee Organization \_\_\_\_\_

Job Title \_\_\_\_\_

Job Description

---

---

---

---

---

Describe your experience/education related to disability services

---

---

---

---

---

Detail your volunteer/council experience

---

---

---

---

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

