

Thank you for your interest in applying as a part of the District 6 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.

If you would like assistance in completing this application, please contact 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 6
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 _____

