

Special Health Services (SHS) Family Advisory Council Application

Purpose:

This form will help SHS select Family Advisory Council members. We are looking for the following:

- A group of members from all over the state who support children with special health care needs and their families.
- People who want to help improve services, programs, and policies.
- Members who can create or strengthen partnerships to work better together.
- Individuals who care about the health care system.

Applicant Member Demographics:

- Applicant Member Name: _____
- Street Address: _____
- City, State, and Zip: _____
- Home/Cell Phone: _____
- Email Address: _____

Family Unit:

Please include extended family if involved in care giving role.

Person 1 (Child with Special Health Care Need-SHCN)

- Name: _____
- Gender: _____
- Relation to child with SHCN: _____
- Age: _____
- Grade in School or Occupation: _____

Person 2

- Name: _____
- Gender: _____
- Relation to child with SHCN: _____
- Age: _____
- Grade in School or Occupation: _____

Person 3

- Name: _____
- Gender: _____
- Relation to child with SHCN: _____
- Age: _____
- Grade in School or Occupation: _____

Person 4

- Name: _____
- Gender: _____
- Relation to child with SHCN: _____
- Age: _____
- Grade in School or Occupation: _____

Person 5

- Name: _____
- Gender: _____
- Relation to child with SHCN: _____
- Age: _____
- Grade in School or Occupation: _____

Additional Questions:

- List your child's special health care needs or medical condition: _____
- List any health related services used by your child: _____
- Describe an important experience your family had getting care for your child with special needs: _____
- Why are you interested in membership? _____
- What can you bring to the Family Advisory Council? _____
- List any organizations in which you have been actively involved. Include length of membership and your role within the organization: _____

Return Application:

Please return this application to:

Special Health Services Unit
North Dakota Department of Health and Human Services
600 East Boulevard Ave, Dept. 325
Bismarck, ND 58505-0200
Email: dohcshsadm@nd.gov