**Membership Fact Sheet**

**Statewide Independent Living Council of Kansas, Inc.**

The Statewide Independent Living Council of Kansas (SILCK) is a not-for-profit corporation, governed by a Board of Directors. The Board of Directors is appointed by the Governor’s office. Nominations from the SILCK are considered.

The Council, in conjunction with the Kansas Rehabilitation Services, is responsible for the development of the State Plan for Independent Living. The SILCK is also responsible for monitoring, reviewing and evaluating the implementation of the State Plan.

In accordance with the requirements of the Rehabilitation Act and the Council’s by-laws, the Council will include people with disabilities; parents; representatives of centers for independent living; employers; and other individuals interested in services for people with disabilities.

Please complete the following form if you are interested in becoming a member. Resumes are encouraged to be submitted along with this form, but are optional. \*We prefer this application be typed and emailed, see below for assistance with this form.

Name:

Home Address:

City: ZIP:

Area Code and Phone Number:

The SILCK by-laws, in compliance with the Rehabilitation Act Amendments of 1992, specify that the Council include individuals representing the following categories. To help us meet this requirement, please check all categories that apply to you.

Nomination Category:

\_\_\_ Person with a Disability \_\_\_ Employee of a CIL

\_\_\_ Parent/Guardian of a Person with a Disability \_\_\_ Advocate for People with Disabilities

\_\_\_ Service Provider \_\_\_ Employee of a State Agency

\_\_\_ Private Business Representative \_\_\_ VR 121 Project Director

The Council would like its membership to provide cross-disability representation. Are you a Person with a Disability?

\_\_\_ YES \_\_\_ NO Please list the Disability:

Geographical Area:

\_\_\_Urban \_\_\_Small Community \_\_\_Rural

The Council would like its membership to represent diverse cultural groups. Please mark which racial/ethnic group you consider yourself. (Optional)

\_\_\_ Native American Indian \_\_\_ Hispanic

\_\_\_ Asian or Pacific Islander \_\_\_ African American

\_\_\_ Caucasian \_\_\_ Other

**Membership Fact Sheet**

**Page 2**

Please give us your definition of independent living and what it means to you:

Please describe your experience, knowledge or interest in independent living services for people with disabilities:

I want to be on the Council because:

Please remit this Membership Fact Sheet to:

Kathy.Cooper@silck.org or

Statewide Independent Living Council of Kansas, Inc. (SILCK)

420 S.E. 6th Ave., Suite 2000

Topeka, KS 66607

[www.silck.org](http://www.silck.org)

For assistance with this form call 785-234-6990