

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:

- | | |
|--|--|
| <input type="checkbox"/> Person with a Disability | <input type="checkbox"/> Employee of a CIL |
| <input type="checkbox"/> Parent/Guardian of a Person with a Disability | <input type="checkbox"/> Advocate for People with Disabilities |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Employee of a State Agency |
| <input type="checkbox"/> Private Business Representative | <input type="checkbox"/> 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)

- | | |
|--|---|
| <input type="checkbox"/> Native American Indian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> African American |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other |

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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)
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Topeka, KS 66607
www.silck.org

For assistance with this form call 785-234-6990