

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
COMMISSION FOR THE BLIND
STATE REHABILITATION COUNCIL APPLICATION FORM

General Information

Name:			
Address:			
City:	State:	Zip:	County:
Home Phone:		Work Phone:	
Email: @ .			

Affiliations

The Rehabilitation Act, as amended in 1998, mandates that the State Rehabilitation Council (SRC) have statewide representation to include a majority of members who are blind or visually impaired, and that membership include advocates, employers, and providers of services for people who are blind or visually impaired. To assist in assuring proper representation on the SRC, please check the categories that reflect your affiliations.

- Statewide Independent Living Council
- Parent Training and Information Center
- Client Assistance Program
- ACCES-VR
- Workforce Investment Board
- NYS Education /Special Education
- Community Rehabilitation Program

Organization Name/Address:

- Business/Industry

Organization Name/Address/Title:

- Consumer Advocacy Group

Organization Name/Address:

- Person with a Disability:

Type of Disability:

- Parent/Guardian of a Person with a Disability:

Type of Disability:

Accommodations

If you require accommodations to attend SRC meetings, please indicate your needs.

Attachments

- Cover Letter – A statement of your interest and what you bring to the SRC, including expertise, influence and diversity.
- Personal/Professional Resume
- Letter of Recommendation

By signing below, I hereby agree that all information included in this application is truthful and accurate. I assure that this form is complete and all required documents are attached.

Signature:

Date:

Demographics (Optional)

Gender: Male Female

Race:	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> White
	<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Black or African American

Age: 18-25 26-45 46-65 65+

NYS Region: Western Central Long Island New York City
 Hudson Valley Capitol Region (including Adirondacks)

Disability: Physical Sensory Developmental Mental Health None

Return completed forms and all attachments to the SRC Liaison:

Mail: SRC Membership, NYS Commission for the Blind
 52 Washington Street, South Building Room 201
 Rensselaer, NY 12144
Fax: 518-486-5819