



**APPLICATION**  
 For Stakeholder Groups

FOR WHICH GROUP ARE YOU APPLYING? <b>ACC Program Improvement Advisory Committee</b>			
Name (Last, First, Middle)	Home Address		County
City, ST, Zip Code	Home Phone ( )	Business Phone ( )	E-mail Address

Please provide a brief overview of your qualifications and/or an explanation as to why you would like to serve on this group.

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Area(s) of interest? (Please check all that apply.)	Children's Services	<input type="checkbox"/>	Rural/Non Urban	<input type="checkbox"/>
	Client	<input type="checkbox"/>	Developmental Disability	<input type="checkbox"/>
	Community Based Service Provider	<input type="checkbox"/>	Advocate	<input type="checkbox"/>
	Elderly	<input type="checkbox"/>	Eligibility Determination	<input type="checkbox"/>
	Disability Community	<input type="checkbox"/>	Medical Services Provider	<input type="checkbox"/>
	Mental Health	<input type="checkbox"/>	Other (describe)	<input type="checkbox"/>
	Policy/Delivery System	<input type="checkbox"/>		

**Demographic Information:** A response to the following is optional, but is encouraged. The information will be used to ensure groups are staffed with equal representation from all demographic areas.

Present Employer/Occupation	Date of Birth	Level of Education Completed/	Gender M F
Registered Voter Y N	Party Affiliation Dem Rep In	Race: African Am Native Am	Asian Caucasian Hispanic Other

I certify that the facts contained in this application are true and correct to the best of my knowledge. I further understand that the Colorado Open Records Act may require that certain information contained in this application be available for inspection by the general public.	
SIGNATURE _____ *Signature Required	DATE _____

RETURN COMPLETED FORM TO:  
 RE: ACC Program Improvement Advisory Committee Application  
 Susan Mathieu  
 Department of Health Care Policy and Financing  
 303-866-5584  
[Susan.Mathieu@state.co.us](mailto:Susan.Mathieu@state.co.us)

Reasonable accommodations will be provided upon request in order for persons with disabilities to participate as a group member. Please notify Susan Mathieu at [Susan.Mathieu@state.co.us](mailto:Susan.Mathieu@state.co.us) or the 504/ADA Coordinator at [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) if you require assistance in completing the application or in serving on the ACC Program Improvement Advisory Committee.