



# Waiver Implementation Council Interest Form

Tell us a little about yourself.

**First Name:**\*

**Last Name:**\*

**Email:**\*

**Phone Number:**\*

**City/Town where you live:**\*

**Organization(s):**

## What brings you here?

**How would you describe yourself? (Select all that apply)\***

Person who receives services

Family member and/or guardian of a person with an intellectual or developmental disability

Professional or volunteer advocate for people with disabilities

Representative of a service provider and/or case management agency

Other:

**Why are you interested in joining the Council?\***

**Is there anything else you would like us to know?**