



**National Participant Network (NPN)
STATE DELEGATE MEMBERSHIP FORM**

Date of Completion: _____

We appreciate your interest in joining the National Participant Network. In order to create the strongest possible organization that represents people with disabilities and their experiences with participant-directed programs please allow us to consider the following information about you. Thank you for your time and willingness to share about yourself.

NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

(please check if you do not have access to email)

How did you learn about the National Participant Network?

Opportunities within the NPN have several different time commitments. Please let us know your availability (check all that apply):

- I can attend general meetings in the form of once-monthly teleconferences lasting approximately two hours each. These meetings are held during regular business hours
- I can attend topical committee meetings in the form of twice-monthly teleconferences lasting approximately one hour each
- I can lead topical committee meetings and spend approximately two hours per month in preparation
- I can serve as a liaison between the National Participant Network and the National Resource Center for Participant Directed Services requiring at least one teleconference per month lasting approximately one hour and presenting information shared to the larger group during our monthly general teleconferences. These meetings are held during regular business hours.
- I am available to travel and do presentations at conferences on the topic of participant direction should I be invited by the National Resource Center for Participant Directed Services. This usually involves a four day commitment (including travel time) and expenses are covered.
- I am available to serve as a “core liaison” which involves two teleconferences per month of 1 ½ hours each, two teleconferences per month of 1 hour each, and contacts with general members to share information as needed. The teleconferences are held during regular business hours.

Please list any of your current memberships with groups that provide advocacy and/or information sharing between people with disabilities. If you hold any position within a group other than general member, please indicate your level of involvement.

Name of Group or Organization	Current Member (Y/N)?	Indicate if holding leadership positions	Previous member with ongoing contact (Y/N)?

Please explain any collaboration you have had with state personnel regarding making a system work better for people with disabilities. Please include what you did, when you did it, and who was involved.

The National Participant Network has members with a variety of interests. Please check all that apply to you.

- I am interested in sharing information regarding participant-directed programs at the local or regional level
- I am interested in sharing information regarding participant-directed programs at the state level
- I am interested in sharing information regarding participant-directed programs at the federal level
- I am interested in sharing my personal views and experiences with the National Participant Network
- I am interested in sharing the views and experiences of a group that I represent with the National Participant Network. What is the group (formal or informal) that you would be representing? In what capacity would you be representing the group?
- Other _____

It is important to the National Participant Network that we represent people from diverse backgrounds. Please check all that apply to you:

- I am under the age of 30
- I am between the ages of 30 – 65
- I am over the age of 65
- I am a person with physical disability
- I am a person with an intellectual disability
- I am a person with a traumatic brain injury
- I am a person with a mental health disability
- I am a family member of someone with a physical disability
- I am a family member of someone with an intellectual disability
- I am a family member of someone with a traumatic brain injury
- I am a family member of someone with a mental health disability
- I provide direct care to a family member with a disability
- I provide direct care to a non family member with a disability
- I work for a group that provides assistance to persons with disabilities
- I am employed by the state
- I am a veteran
- I am served by a participant-directed program
- I provide services or goods within a participant-directed program
- I am interested in learning about participant-directed programs
- I am interested in starting an information sharing and networking group regarding participant-directed programs within my state
- I am currently a member of an information sharing and networking group regarding participant-directed programs within my state
- I live in an urban area
- I live in a suburban area
- I live in a rural area

If there is anything more you wish to share with us about yourself or your interest in participant directed programs, please include it here:

Thank You! If you have any questions, please do not hesitate to contact our NPN Coordinator Althea McLuckie at membership.npn@gmail.com.