

# APPLICATION FOR NOMINATION STATE REHABILITATION COUNCIL

The Mississippi Department of Rehabilitation Services, Offices of Vocational Rehabilitation and Vocational Rehabilitation for the Blind, are mandated by the Rehabilitation Act of 1973, as amended by the Workforce Innovation and Opportunity Act, to seek nominees for appointments for the Mississippi State Rehabilitation Council (SRC).

You have been nominated for appointment to the SRC because your contribution to citizens with disabilities in Mississippi has been recognized. If you are interested in serving on the Mississippi State Rehabilitation Council, please provide the following information and return this application to the individual that nominated you.

<b>To Be Completed by Nominee</b>					
<b>Name of Nominee:</b>					
<b>Mailing Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Mobile Phone</b>			<b>Work Phone:</b>		
<b>Current Employer:</b>					
<b>Business Address:</b>					
<b>Preferred Email Address to receive communications:</b>					
<p><b>1. State Rehabilitation Council Members are sought in the following categories.</b>  <i>Please check all categories that apply to you.</i></p> <p style="margin-left: 40px;"><b>Parent, guardian or advocate of an individual with a disability</b>  <b>State Independent Living Council</b>  <b>Client Assistance Program</b>  <b>Parent Training and Information Center Representative</b>  <b>Please specify Center:</b></p> <p style="margin-left: 40px;"><b>VR Counselor (Ex-Officio Member)</b>  <b>Community Rehabilitation Programs (CRP)</b>  <b>Please specify CRP:</b></p> <p style="margin-left: 40px;"><b>Business, Industry and Labor</b>  <b>Please specify Business:</b></p> <p style="margin-left: 40px;"><b>Disability Advocacy Group</b>  <b>Please specify group:</b></p> <p style="margin-left: 40px;"><b>Current or former applicant or recipient of VR Services</b>  <b>American Indian Vocational Rehabilitation Program</b>  <b>State Educational Agency</b>  <b>Workforce Development Board</b></p>					

- 2. Please explain your experience and/or qualifications related to the field of people with disabilities.
  
- 3. Please explain why your experience/activities would be an asset to the State Rehabilitation Council.
  
- 4. Would you be able to attend at least 4 quarterly meetings a year?  Yes  No
  
- 5. Please indicate the nature of any financial or other arrangements you have with the State of Mississippi.

Additional Comments:

Signature: \_\_\_\_\_

Date:

*If you have any questions, please contact Betsy Simoneaux at:  
Email address BSimoneaux@mdrs.ms.gov or contact number (601) 853-5336.*

**To Be Completed by Nominator:**

Nominated by:		Date	
Mailing Address:			
City	State	Zip	
Phone Number:		Email Address:	
State why you are nominating this individual for Council Membership:			

Signature:

Date:

Please return this application to:

State Rehabilitation Council  
Attn: Betsy Simoneaux  
P O Box 1698  
Jackson, MS 39215

Or Email to: [bsimoneaux@mdrs.ms.gov](mailto:bsimoneaux@mdrs.ms.gov)

Contact Phone #: (601) 853-5336