

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.

| To Be Completed by Nominee | | |
|--|---------------|--------------------|
| Name of Nominee: | | |
| Mailing Address: | | |
| City: | State: | Zip: |
| Mobile Phone: | | Work Phone: |
| Current Employer: | | |
| Business Address: | | |
| Preferred Email Address to receive communications: | | |
| 1. Federal Regulations, State Rehabilitation Council members shall be composed of the following categories. Please select the categories that apply to you. | | |
| <ul style="list-style-type: none"> (i) at least one representative of the Statewide Independent Living Council under Section 705 in which representative may be the chairperson or other designee of the Council; (ii) at least one representative of a Parent Training and Information Center established pursuant to section 671 of the Individuals with Disabilities Education Act; <i>Please specify Center:</i> (iii) at least one representative of the Client Assistance Program established under section 112; (iv) at least one qualified Vocational Rehabilitation Counselor with knowledge of, and experience with, vocational rehabilitation programs, who shall serve as an ex officio, <i>nonvoting</i> member of the Council if the counselor is an employee of the designated State agency; (v) at least one representative of Community Rehabilitation Program service providers; <i>Please specify Center:</i> (vi) four (4) representatives of Business, Industry, and Labor; <i>Please specify Business:</i> (vii) representatives of disability advocacy groups representing a cross section of – <i>Specify Group:</i> <ul style="list-style-type: none"> (a) individuals with physical, cognitive, sensory, and mental disabilities; (b) individuals' representatives of individuals with disabilities who have difficulty in representing themselves (c) or are unable due to their disabilities to represent themselves; (viii) current or former applicants for, or recipients of, vocational rehabilitation services; (ix) in a State in which one or more projects are funded under Section 121 of the Act (American Indian Vocational Rehabilitation Services), at least one representative of the directors of the projects located in such State; (x) at least one representative of the State Educational Agency responsible for the public education of students with disabilities who are eligible to receive services under this title and part B of the Individuals with Disabilities Education Act; and (xi) at least one representative of the State Workforce Development Board. | | |

I understand and agree to the following:

- An appointment to the Mississippi State Rehabilitation Council is a three (3) year commitment.
- Attend a minimum of four (4) meetings a year in such locations as the Council deems necessary to conduct Council business and to allow for equitable access.
- Attend virtual meetings and understand that in-person meetings will be preferred.
- Reimbursements can be requested for reasonable and necessary expenses incurred of attending Council meetings and performing Council duties.
- Be an active participant and serve on specific committees where my skills can be best be utilized.

If chosen to serve on the SRC would there be any direct financial benefit to you, the potential for a direct financial benefit to you, or otherwise give the appearance of conflict of interest under State law? **Yes** **No**

2. Please explain your role as a stakeholder in the employment of individuals with disabilities.

3. Please explain why your experience/activities would be an asset to the State Rehabilitation Council.

4. What accommodations will you need to be an active participant in the quarterly meetings?

- | | |
|---|---|
| <input type="checkbox"/> Installing Ramp | <input type="checkbox"/> Sign Language Interpreters |
| <input type="checkbox"/> Workspace Layout | <input type="checkbox"/> Closed Captioning |
| <input type="checkbox"/> Restroom | <input type="checkbox"/> Braille |
| <input type="checkbox"/> Computer Software Accessibility | <input type="checkbox"/> Large Print |
| <input type="checkbox"/> Providing Screen Reader Software | <input type="checkbox"/> Other: |

Signature:

Date:

If you have any questions, please contact Betsy Simoneaux at: Email: BSimoneaux@mdrs.ms.gov or Tel# (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 of Nomination to:
*State Rehabilitation Council
Attn: Betsy Simoneaux
P O box 1698
Jackson, MS 39215*

***Or Email to: bsimoneaux@mdrs.ms.gov
Contact #: (601) 853-5336***