



Developmental Disabilities Practice Improvement Team (DD-PIT) APPLICATION

Section 1:

Name:	
City:	County:
Phone:	
Email:	
Organization (If applicable):	
Position within Organization (If applicable):	
Are you 18 years or older? (If no, skip to Section 2)	
Do you identify as a person with an intellectual or developmental disability?	
If Yes,	Do you currently receive services from a CMHSP?
	If Yes, do you use self-directed services?
	If No, have you ever received Services?
	If Yes, when is the last year?
	If No, application over, thank you for your time.

Section 2:

<p>Which category are you applying to fill? (add categories with vacancies to choose from)</p> <ul style="list-style-type: none"> • Option 1 • Option 2 • Option 3
<p>Why would you like to join the DD-PIT?</p>

Please describe relevant experience and/or expertise, that would make you a valuable and contributing member of the DD-PIT. Share your experience with person centered planning, self-determination, and family and youth guided principles.

Do you commit to uphold the Mission and Vision of the DD-PIT?

Do you have access to a laptop, tablet, or smartphone to attend virtual meetings?

Do you need support to use a laptop, tablet, or smartphone to attend virtual meetings?

Do you have wi-fi access (internet service)?

Do you need any accommodations to fully participate in DD-PIT virtual meetings?

Please describe the accommodation you need to virtually participate in DD PIT meetings.

DD-PIT Use Only

Recommended for Membership by Sub-Committee: Yes or No

Rationale:

Application Reviewed by:

Application Reviewed by full DD-PIT on:

Membership Decision: Approved or Declined

Print and mail to:

The Arc Michigan
Marie Eagle
1325 S. Washington Ave.
Lansing, MI. 48910