



# 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?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Adult with Intellectual/ Developmental Disabilities</li> <li><input type="radio"/> Parent or Family Member of Youth with Intellectual/Developmental Disabilities</li> <li><input type="radio"/> Pre-Paid Inpatient Health (PIHP) Representative</li> <li><input type="radio"/> Pre-Paid Inpatient Health Plan (PIHP) or Community Mental Health Provider (CMHSP) Administrator (Utilization Management, Finance or similar role)</li> <li><input type="radio"/> Representative of Independent Facilitators, Supports Brokers, or Independent Supports Coordinators</li> </ul>
<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