

Application for Commission

The Autism Commission shall consist of 27 members including executive and legislative agencies, 12 members of various autism advocacy organizations from around the Commonwealth appointed by the Governor. In addition to Commission appointments, there will be openings for qualified individuals to serve on related subject area work groups. Please read through the application and answer questions to the best of your ability. You must fill out an application form to be considered **Please return the application to Jennifer Barrelle in State Representative Barbara L'Italien's office no later than August 16, 2010. The application can be sent to State House Room 238 Boston MA 02133 or emailed to Jennifer.Barrelle@state.ma.us.** . For any questions, you can reach Jen at 617 722 2380

PLEASE TYPE OR PRINT. Please complete the entire application. If you have a resume, please attach to the application. Please fill out each box to the best of your ability. Please fill out each box .

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|---|---|--|---|
| Name | | I am a (check all that apply) <input type="checkbox"/> Individual on the spectrum <input type="checkbox"/> Parent with a Child <input type="checkbox"/> Advocate <input type="checkbox"/> Professional | |
| Street Address: | | City, State & Zip: | |
| Home Phone: | Work Phone: | Email : | Primary Form of Contact: |
| I have: <input type="checkbox"/> High functioning Autism <input type="checkbox"/> Moderate Autism <input type="checkbox"/> Severe Autism | My Child Has: (please check all that apply) <input type="checkbox"/> High functioning Autism <input type="checkbox"/> Moderate Autism <input type="checkbox"/> Severe Autism | The age of my child(s): (please check all that apply) <input type="checkbox"/> 0-5 years <input type="checkbox"/> School Age (6-17) <input type="checkbox"/> Young Adult (18-22) <input type="checkbox"/> Adult (22 & older) | I am willing to share my/ child(s) history anonymously <input type="checkbox"/> Yes <input type="checkbox"/> No |

WORK EXPERIENCE-Please detail your work history relevant to the needs of the autism community. Please fill out each section to the best of your ability. If you are an individual with Autism, please indicate if you are currently employed as well.

| | | |
|-----------------|---------------|---|
| Title: | Organization: | Years of Service |
| Address: | | I will be able to use my day time schedule to accommodate meetings/phone calls <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary duties: | | |

Expertise/Experience/Volunteer: Please comment on your professional or personal experiences that would make you an asset to the Commission.

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Comments:

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Based on issues that other states have investigated, listed below are topics that may be covered by the workgroups. Please indicate topics that are of interest to you:

- Research
- Evaluation & Diagnosis
- Information & Referral
- Advocacy
- Family Supports and Services
- Personnel Preparation
- Mental Health/ Behavioral Supports
- Funding Streams/Medicaid Waiver
- Services & Supports Birth 0-5 years
- Services & Supports School Age 6-17
- Services & Supports Young Adults 18-22
- Services & Supports Adult 22 & Older
- Adult Services
- Housing/Residential
- Employment
- Transportation
- Elder Affairs
- Public Safety

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

Any and all materials, conversations, meetings, and statements relative to the contents of the Commission are private until/unless they go up for public comment or before the filing deadline, especially where children’s medical issues will be addressed. Information relative to an individual on the Commission or information regarding a child or individual with autism shall not be made public through public comment or through the Commission’s release of the report without the expressed permission of the individual or the parent/guardian of the child.

Applicant Signature: _____ Date: _____

Please be advised that all candidates for the Commission will be required to undergo a background check before being appointed by the Governor’s Office.

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