

## Children at Home Advisory Committee

The Children at Home program is designed to assist families in securing the services and supports that they identify as necessary in helping their child to remain at home. An underlying principle of the Children at Home program is that families retain control of decisions, which affect their child and family. Financial assistance is intended to enable families to obtain those services and supports that are not met by other service programs. The focus for funds is to be directed towards health and safety of a child as it relates to their disability.

The Children at Home Advisory Committee will help to steer program policy and spread awareness about the services available through the Children at Home Program. The Advisory group will meet quarterly in August, November, February, May.

Applications for membership may be submitted at any time throughout the year. Upon receipt, applications are discussed within the context of current the Children at Home Program needs. Newly selected members will be notified at least 30 days prior to the next scheduled meeting.

Committee participants may qualify for a stipend for attendance and mileage reimbursement (for in person meetings); we've enclosed an outline of reimbursement details for participation.

We are very happy to have you consider joining. We hope that, if selected, you will find the experience to be professionally and personally enriching. Please respond to the following questions to help us understand your potential contribution and to help us maintain diversity among our members. Family members who have a child with a disability are strongly encouraged to apply.

If you have questions, please contact:

Jennifer Cornell

[jcornell@everystep.org](mailto:jcornell@everystep.org)

(515) 558-6228

## Children at Home Advisory Committee Application

### General Data

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First Name

Last Name

Home Address:

City:

State:

Zip Code:

County:

Phone Number:

Email:

### Employment Data

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Are you currently employed? Yes No

Your Occupation:

Your Business/ Organization Name:

### Personal Data

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To assist in providing balance and meet our goal of diversity within the membership of the Children at Home committee, Please answer the following questions. Under state and federal law, this information may not be used to discriminate against you.

Ethnicity:

Date of Birth (mm/dd/yyyy):

Gender:

### Application Questions

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Why do you want to become a member of the Children at Home Advisory Committee?

What relevant experiences with children with disabilities do you bring?

Please discuss the relevant communities and networks to which you have access?

Are you able to fulfill the following commitments?	Yes	No
<b>Attendance:</b> Members must attend quarterly meeting.		
<b>Orientation:</b> Every new member must attend an orientation meeting lead by CaH staff		
<b>Participation:</b> Members should actively participate at CaH meetings in a respectful manner. Members are expected to utilize their expertise, initiative, and community networks to further the CaH's work.		
<b>Preparation:</b> Members are expected to read all relevant materials prior to the meetings.		

Lunch is provided during in person meetings.

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Signature

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Printed Name

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Date