**Waiver Slot Assignment Committee (WSAC) Volunteer Application**

WSAC Community Services Board: *Choose an item.* Date: *Click here to enter a date.*

Name: *Click here to enter text.*

Email address: *Click here to enter text.* Phone number: *Click here to enter text.*

Address: *Click here to enter text.*

Qualifications: *Choose an item.*

If “other,” please describe: *Click here to enter text.*

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| Please note that WSAC members may **not** be any person with a direct or indirect interest in the outcome of the proceedings such as:* Current CSB employees or board members
* Current DBHDS employees
* Current employees, owners, or board members of any agency providing waiver services, unless serving on a WSAC in an area in which the provider does not provide services
* Family members of individuals seeking waiver services
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Please provide a synopsis of your knowledge of and/or experience with persons with intellectual/developmental disabilities (IDD) and/or the IDD service system:

*Click here to enter text.*