Special Health Services (SHS)
Family Advisory Council Information Form

Purpose: This form will help SHS select Family Advisory Council members. We are looking for the following:
1) Diverse membership that represents children with special health care needs and their families statewide;
2) Individuals motivated by the desire to enhance quality services, programs and policies;
3) Members who can develop or enhance partnerships to improve collaboration;
4) Individuals with an interest in the health care delivery system.

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<th>Potential Member Name</th>
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<td>Street Address</td>
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<td>County</td>
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Family Unit (Please include extended family if involved in care giving role)

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<tr>
<th>Name</th>
<th>Gender (Circle One)</th>
<th>Relationship to child with special health care need</th>
<th>Age</th>
<th>Grade in School or Occupation</th>
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<td>(Child with special health care need)</td>
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Please list your child’s special health care needs or medical condition.

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Please list any health-related services used by your child.

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Please share an important family experience with the health care delivery system when you received services for your child with special needs.

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Why are you interested in membership?

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What can you offer the Family Advisory Council?

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Please list any organizations in which you have been actively involved. Also, include length of membership and your role with the organization.

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Please return this Information Form to: Special Health Services Division
North Dakota Department of Health
600 East Boulevard Avenue, Dept. 301
Bismarck, ND 58505-0200
E-mail: dohcshsadm@nd.gov

If you have questions, please contact SHS toll free at 1-800-755-2714 or 701-328-2436.