**APPLICATION OF INTEREST FOR**

**IRIS ADVISORY COMMITTEE APPOINTMENT**

**INTRODUCTION AND INSTRUCTIONS**

Thank you for your interest in serving on the Wisconsin IRIS Advisory Committee (IAC). IRIS (Include, Respect, I Self-Direct) is a self-directed program for adults with disabilities and elderly people. The IAC is a workgroup established to provide recommendations to the Wisconsin Department of Health Services (DHS) on programmatic issues related to administration of the IRIS program. IAC members are individuals who have relevant knowledge, experience, expertise, and community relationships that allow them to present ideas, opinions, or facts for the betterment of the IRIS program.

DHS’s mission is to protect and promote the health and safety of the people of Wisconsin. A collaborative approach to this mission is essential. The IAC provides advice to DMS that strives to ensure everyone in the IRIS program lives their best life.

To achieve this goal, DHS aims to appoint representatives that have experience with the populations and issues addressed by the IAC. The IAC strives to represent the full diversity of the state. We encourage Wisconsinites from all racial and ethnic identities; ages; nationalities; social and economic status; sexual orientations; gender identities or expressions; geographic locations; religious, political, and ideological perspectives; veteran status; and physical and mental abilities to apply for membership. Committee representation that reflects our state population helps DHS better consider differing needs and backgrounds when making policy.

To be considered for the IAC, please complete the application below and submit via email or mail, along with a résumé or short bio (if applicable), to:

DHSIRIS@wisconsin.gov

***Or via mail to:***

IRIS Advisory Committee c/o Shelly Glenn

1 W Wilson Street, Room 518

PO Box 309

Madison, WI 53701-0309

If you need an accommodation or assistance with completing this application, please contact IRIS at 608-261-6749 or DHSIRIS@wisconsin.gov. Please note that submission of this application of interest does not guarantee you will be appointed to the IAC. Applications must be received by **Friday, March 15, 2024, 4 p.m.**

By completing and submitting this application, you agree:

* You have an interest in ensuring a high-quality IRIS program for all participants and you are: an IRIS participant; a family member of an IRIS participant; or a representative from a provider or advocacy group that represents the needs and interests of one or more of the three target groups served by the IRIS programs (for example, intellectual/developmental disability, physical disability, or frail elder.)
* To participate virtually in six one-day meetings per year for a three-year term, and/or to travel to Madison for meetings that are hosted in-person *(Note: all 2023 meetings are currently planned to be virtual. Travel reimbursement within DHS guidelines is available for in-person meetings.)*
* To participate and share your time and expertise by actively participating in IAC meetings.
* To actively listen to fellow members and create a circle of trust that supports people in sharing their lived experiences.

Under Wisconsin Statutes 19.36 (7)(b), as an applicant for this position, you have the limited right to request that your identity be kept in confidence. This right prevents your identity from being released in response to a public records request unless you are appointed to the position, or you are a finalist for the position as defined by Wisconsin Statute 19.36(7)(a). If you wish to preserve this right, you must select "yes" below.

* + Yes, I request confidentiality.
	+ No, I do not request confidentiality.

**PART 1 – APPLICANT INFORMATION**

**Contact Information**

|  |  |
| --- | --- |
| **Full Name:** | *Click or tap here to enter text.* |
| **Street Address:** | *Click or tap here to enter text.* |
| **City, State, Zip Code:** | *Click or tap here to enter text.* |
| **County of Residence:** | *Click or tap here to enter text.* |
| **Preferred Phone Number:** | *Click or tap here to enter text.* |
| **Preferred E-mail Address:** | *Click or tap here to enter text.* |
| **Employer/Professional Information** |
| **Are you employed?** | * Yes ☐ No
 |
| If yes, who is your employer? | *Click or tap here to enter text.* |
| If yes, what is your job title? | *Click or tap here to enter text.* |
| If appointed, will you represent your employer as a member of the IAC? | * Yes ☐ No
 |
| If yes, what geographic area does your organization | * Statewide *(Please indicate the state(s) served):*

*Click or tap here to enter text.* |

|  |  |
| --- | --- |
| serve? | * Region *(Please indicate N, S, E, W, NW, SW, NE, SE):*

*Click or tap here to enter text.** County/Local *(Please indicate county, tribe, city, other):*

*Click or tap here to enter text.* |
|  |  |
| **Are you an elected official?** | * Yes ☐ No
 |
| If yes, what is your position? | *Click or tap here to enter text.* |
| If yes, what is your electoral district? | *Click or tap here to enter text.* |
|  |  |
| **Do you belong to any professional groups or****associations?** | * Yes ☐ No
 |
| If yes, please identify: | *Click or tap here to enter text.* |

**PART 2 – EXPERTISE AND EXPERIENCE**

To help DHS in the selection process, we ask all candidates to provide a résumé (if you have one) or brief bio, and your response to the following questions:

1. **Describe why you are interested in serving on the IRIS Advisory Committee. List specific lived and/or professional experience you feel makes you a good candidate for this committee.**

*Click or tap here to enter text.*

1. **List organizations or programs where you are currently an active participant (business, industry, volunteer, professional group, association, IRIS, ADRC, other). Describe your role in the organization(s).**

*Click or tap here to enter text.*

1. **Which item best describes your experience with the IRIS Program? (Please select only *one.*)**
	* IRIS participant
	* Family member of an IRIS participant
	* A person living with a disability
	* An older adult [age 60 or older]
	* A caregiver of an older adult or person living with a disability
	* A long-term care service provider or system partner
	* An advocate
	* An expert in the field
	* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Do you have expertise in any of the following areas? (Check up to *three* of the most relevant areas.)**
	* Population Aging
	* Physical Disabilities
	* Intellectual/Developmental Disabilities
	* Dementia
	* Behavioral Health (i.e., mental health and substance use)
	* Public Health, Healthcare, Health-related Academia
	* Systems change, community building or organizing, long-term planning, or futures thinking
	* Medicaid Long-term Care (Family Care, IRIS, PACE, Partnership, and/or ADRCs)
	* Health Equity
	* Long-term Care Workforce (for example, facility- and paid home-based caregiving)
	* Family and Natural-supports Caregiving
	* Transportation (related to people with disabilities and older adults)
	* Employment (related to people with disabilities and older workers)
	* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 3 – Signature**

By submitting this application and résumé (if you have one) or brief bio, you are affirming that all the statements you have made in this document are true, and that you understand that a background check may be conducted if you are considered for appointment.

Signature: Date:

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