**APPLICATION OF INTEREST FOR**

**LONG-TERM CARE ADVISORY COUNCIL APPOINTMENT**

**INTRODUCTION AND INSTRUCTIONS**

Thank you for your interest in serving on the Wisconsin Long-Term Care Advisory Council (LTCAC). The LTCAC serves as an advisory body to the Department of Health Services (DHS) on existing and emerging aging, disability, and long-term care systems issues. Members provide advice and make recommendations to the DHS Secretary regarding long-term care policy, programs, and services.

On an annual basis, the DHS Secretary issues charges for the LTCAC. There are currently four [charges](https://www.dhs.wisconsin.gov/wltcac/charges.htm) which include efforts to:

1. Develop a long-term vision and strategic plan for the long-term care (LTC) system.
2. Enhance and improve the quality of Medicaid LTC programs.
3. Address inequities experienced by historically marginalized communities and create health equity within the LTC system.
4. Strengthen the LTC workforce, both paid and unpaid, to ensure access to care.

To achieve these charges, DHS aims to appoint representatives that have experience with the populations and issues addressed by the LTCAC. LTCAC 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. Council representation that reflects our state population helps DHS better consider differing needs and backgrounds when making policy.

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

DHSDMSLTC@dhs.wisconsin.gov

***Or via mail to:***

Long-Term Care Advisory Council 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 DHS Long-Term Care at 608-267-7286 or DHSDMSLTC@dhs.wisconsin.gov. Please note that submission of this application of interest does not guarantee you will be appointed to the LTCAC. Applications must be received by **Tuesday, October 31, 2023, 4 p.m.**

By completing and submitting this application, you agree:

* You are: a person living with a disability; an older adult; a caregiver; a service provider; an advocate; **or** expert in the field of aging, disability, healthcare or long-term care with an interest in creating a high quality long-term care system for all Wisconsinites.
* 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.)*
* To participate and share your time and expertise by actively participating in LTCAC 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 yourepresent your employer as a member of the LTCAC? | * Yes ☐ No
 |
| If yes, what geographic area does your organization serve? | * Statewide *(Please indicate the state(s) served):*

*Click or tap here to enter text.** 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 Long-Term Care Advisory Council. List specific lived and/or professional experience you feel makes you a good candidate for this council.**

*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, Family Care, 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 Long Term Care Programs?**

**(Please check only *one*.)**

* + 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
* An advocate
* An expert in the field
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **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 (for example, 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 (e.g., 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: