



July 2023

## **Alabama Interagency Autism Coordinating Council**

### **Membership Application**

The Alabama Interagency Autism Coordinating Council (AIACC) includes seats for three adults with ASD, three parents or guardians of a child 18 years of age or younger with ASD, one parent or guardian of an adult 19 years of age or older with ASD, five service providers, and one health insurance representative. These positions are filled by Governor Appointment, in accordance with Act# 2009-295. Various state agencies and organizations also hold permanent seats on the Council. Each member may serve up to two consecutive three-year terms. The AIACC Bylaws & Membership Committee reviews applications and submits them to the Governor for review and appointment. Applicants will receive notice of receipt of your application packet.

#### **Applications for the following position are due Friday, September 15, 2023:**

- ***Adult with ASD 19 years of age or older (3 vacancies)***
- ***Service Provider (2 vacancies)***
- ***Parent of an Adult with ASD 19 years of age or older (1 vacancy)***
- ***Parent of a Child with ASD 18 years of age or younger (3 vacancies)***
- ***Someone who serves in an executive level capacity from a private health insurance carrier who addresses medical/health policy (1 vacancy)***

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In order to be considered for a seat on the Council, you will need to include the following in your Application Packet:

- Membership Application Form-
- Letter of Recommendation-

***Incomplete Application Packets will not be considered. Previously submitted applications will be considered upon request.***

Submit Application Packet via email to [anna.mcconnell@mh.alabama.gov](mailto:anna.mcconnell@mh.alabama.gov).





**Alabama Interagency Autism Coordinating Council Membership Application**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Fax (if applicable): \_\_\_\_\_

Race:  White  Black or African American  Hispanic or Latino  
 Asian  American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander

Gender:  Male  Female

Describe the area where you live:  Urban  Rural

**For which membership category of the AIACC are you applying?**

Adult with ASD 19 years of age or older (*What is your age? \_\_\_\_\_*)

\*Service Provider (*Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_*)

*(Geographic Area Served: \_\_\_\_\_)*

Parent of an Adult with ASD 19 years of age or older (*What is your child's age? \_\_\_\_\_*)

Parent of a Child with ASD 18 years of age or younger (*What is your child's age? \_\_\_\_\_*)

Someone who serves in an executive level capacity from a private health insurance carrier who addresses medical/health policy (*Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_*)

**I am interested in serving on the Council because:**

**My experience and qualifications include (may include any educational or training experience):**

**What knowledge and skills would you bring to the Council?**

**Can you commit to consistent attendance at Council meetings, scheduled quarterly?**  Yes  No

**Are you willing to be involved in workgroups and/or Council committees to carry out the Council's work?**  
 Yes  No

**\*If you are applying for a Service Provider or Health Insurance Representative seat:**

**Does your employer support your participation?**  Yes  No

**What is your current job description?**

*You may add additional pages to your Application Form if this page does not provide sufficient space.*

*-A Letter of Recommendation must be included in your Application Packet. -*

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