

Jim Doyle  
Governor

Kevin R. Hayden  
Secretary



**State of Wisconsin**  
Department of Health and Family Services

**DIVISION OF LONG TERM CARE**

1 WEST WILSON STREET  
PO BOX 7851  
MADISON WI 53707-7851

Telephone: 608-266-2000  
FAX: 608-266-2579  
TTY: 888-241-9432  
dhfs.wisconsin.gov

Dear Prospective Council Member:

Recently, a position for a parent has vacated on the Children's Long-Term Support Council and the Department of Health and Family Services (DHFS) is in the process of recruiting a new member. The Department is interested in gathering additional information as part of the appointment process. We are interested in nominees who can make a commitment to be active participants on the Council during the term of the appointment.

Meetings of the Council are held in Madison, Wisconsin on a quarterly basis. To find out more about the CLTS Council and the schedule for the 2008 Council meetings please visit the CLTS Council website at:  
<http://dhfs.wisconsin.gov/bdds/clts/council/>.

To assist the Department in the nomination process, we are requesting all candidates provide a resume (if you have one), and your response to the following four questions:

1. List organizations (programmatic, business, political, voluntary, etc.) where you are currently an active participant. Describe your role in the organization.
2. Describe your experience, if any, working on legislative issues. What topics/concerns did you address, with whom and what were the outcomes?
3. Please list specific experience or knowledge that you feel makes you a qualified candidate for this Council.
4. Please provide the names of 2-3 people who can be contacted as your references. They can be people who have worked with you as discussed in questions 1 and 2 or other individuals who know you well. Please give the person's name, title, address (work or home) and daytime phone number.

Applications are accepted on a continual basis. However, applications for the current vacancy must be submitted by May 10<sup>th</sup>, 2008. The Office of the Secretary will review all applications and appoint the new council member.

Please mail a completed application to the address below:

The Department of Health and Family Services  
Bureau of Long-Term Support  
Attn: Katie Sepnieski  
1 W Wilson St Room 418  
PO Box 7851  
Madison WI 53707-7851

If you have any questions or need assistance completing the requirements, please contact me at 608-267-3377 or by email at [sepnikm@dhfs.state.wi.us](mailto:sepnikm@dhfs.state.wi.us). Thank you!

Sincerely,

Katie Sepnieski, MSW  
Children's Long-Term Support Council Staff