

WISCONSIN ASSISTIVE TECHNOLOGY ADVISORY COUNCIL APPLICATION

By completing and submitting this application you agree:

- You are a consumer who uses assistive technology (AT), a family member or guardian representing a person who uses AT, or a professional who works with consumers on AT related issues.
- To provide guidance and direction related to AT products and services throughout Wisconsin.
- To travel and participate in four one-day meetings per year at various locations throughout the state (travel expenses will be reimbursed). Some meetings may be held via video/teleconference.
- To participate and share your time and expertise by serving and actively participating on one or more council committee(s), in addition to attending the four quarterly meetings.

Please tell us about yourself:

Name

| | | | |
|-------------|----------------|-------------|----------|
| Address | City | State WI | Zip Code |
| County Name | Day Time Phone | | |

Email Address

I am a(n):

Person with a disability who utilizes AT; please specify:

Family member of a person with a disability who utilizes AT; please specify relationship:

Advocate; please identify affiliation:

Service provider; please specify:

Explain below why you are interested in serving on the AT advisory council:

I am also interested in serving on the following AT advisory council committees:

Collaboration and Outreach

Assistive Technology State Plan Development

Data Collection and Analysis

List below general interests and expertise you bring to the AT advisory council:

Provide any additional information you would like to share in consideration of your application:

SIGNATURE – Applicant

Date Signed

Send completed AT advisory council application to:

AT Advisory Council Staff
201 E. Washington Ave., Room E100
PO Box 2659
Madison, WI 53701-2659

If you have any questions, please email Laura at the address below or call 608-514-2513.

Laura.Plummer1@dhs.wisconsin.gov