



# Pennsylvania Rehabilitation Council

1902 Market Street Camp Hill, PA 17011

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## APPOINTMENT REQUEST FORM

NAME		*SS #
* HOME ADDRESS (include geographic region – i.e. western PA, southeastern PA, etc.)		
PHONE	FAX	EMAIL (if applicable)
EMPLOYER (if applicable)		
ADDRESS		Underline the category/categories that you could represent on the council (underline as many as apply):  State Independent Living Council (SILC) Individuals with Disabilities Act (IDEA) Client Assistance Program (CAP) OVR Customer (Past/Present) Human Resources Investment Council (HRIC) State Dept. Of Education Rehabilitation Counselor Community Rehab Provider Education Service Provider Business/Labor/Industry Physical Disability Cognitive Disability Sensory Disability Psychiatric Disability Intellectual Disabilities General Advocate
PHONE	FAX	
(responding to these questions is voluntary) ARE YOU:  A PERSON WITH A DISABILITY? ___ YES ___ NO  If Yes, Nature of Disability _____  A FAMILY MEMBER OF A PERSON W/ A DISABILITY? ___ YES ___ NO  If Yes, Nature of Disability _____		
**ORGANIZATION REPRESENTING (if applicable)		
OTHER AFFILIATIONS/ORGANIZATIONS		
BRIEFLY DESCRIBE HOW YOUR SKILLS, EXPERIENCE, ETC. MATCH THE ROLE AND RESPONSIBILITIES OF THE REHABILITATION COUNCIL.		
SIGNATURE		DATE

**\*Please Attach a Resume or Brief Biography**

\* This information is required by the Executive Office for all appointments made by the Governor.

\*\* Please Note: RC appointments are by individual, not organization. Alternates may attend as members of the general public, however they may not vote on any action items. Form revised 12/10.