



## MCDD Community Advisory Council (CAC) Application

### Contact Information/Demographics

First Name:  
Last Name:

Phone # :  
Email :

For the multiple choice questions below, place an X next to the appropriate response.

Sex:

- Male
- Female

Primary Language:

- English
- Non-English / \_\_\_\_\_

Ethnicity:

- Hispanic
- Non-Hispanic

Race:

- White or Caucasian
- Black or African American
- American Indian/ Alaskan Native
- Asian
- Hawaiian Native/ Pacific Islander

Address:

Street:

City:

State:

Zip:

*Additional Questions*

1. Why do you want to be on the CAC and what are your specific interests?

2. What strengths do you bring to the CAC?

3. Please tell us about any community organizations or disability organizations you are involved with, or any experience you have had advocating for people with Intellectual/Developmental Disabilities?

4. How did you learn about the MCDD's CAC?

5. The CAC meets quarterly and members are expected to attend in person or by phone to the majority of those meetings. Do you believe you will be able to make this sort of commitment to the council?

- Yes
- No

6. Are you employed?

- Yes
- No

(If applicable) Employer:

7. Are you an individual with an intellectual and/or developmental disability?

- Yes
- No

8. If you answered “Yes” to being a person with an intellectual and/or developmental disability, please tell us about yourself:

9. Are you a parent or family member of an individual with an intellectual and/or developmental disability?

- Yes
- No

10. If you are a parent or family member, what age range is your family member with an intellectual or developmental disability?

- 0-5
- 6-11
- 12-17
- 18-23
- 24-29
- 30 and older

11. If you answered “Yes” to being a parent or family member of a person with an intellectual and/or developmental disability, please tell us about yourself AND your family member:

12. Are you representing an agency/organization?

- Yes
- No

13.If you answered “Yes” to representing an agency/organization, please state the name of the agency/organization you are representing, its mission, and your position.

- Are you representing a service provider or are you an employee of a service provider?
- Yes
- No

If you answered “Yes” to representing an agency/organization, please state the name of the agency/organization you are representing, its mission, and your position.

14.Do you require any accommodations?

- Yes
- No

15.If you answered 'Yes' to requiring accommodations, please list them below.

**Return Form to:**

Tylea Powell

[powellt@kennedykrieger.org](mailto:powellt@kennedykrieger.org)

443-923-9570 (fax)

MCDD 7000 Tudsbury Rd. Baltimore, MD 21244