



Oregon

Kate Brown, Governor

Oregon Deaf and Hard of Hearing Services Application for Membership on the ODHHS Advisory Committee

Please complete form, scan or take clear photo, then email to: odhhs.info@dhsosha.state.or.us. You may also videotape your signed responses to these questions and email the link to the video or schedule a video meeting with ODHHS staff to respond to questions in your preferred language.

APPLICANT INFORMATION

NAME

MAILING ADDRESS

MAILING CITY, STATE, AND ZIP CODE

EMAIL ADDRESS

TELEPHONE AND/OR VIDEOPHONE #

COMMUNICATION AND ACCOMMODATION

With which do you MOST identify? (check ONE)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Deaf-Blind | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Hard of Hearing-Blind | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Late Deafened | <input type="checkbox"/> Deaf with additional disabilities | |

Reasonable accommodations (check your preference(s))

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Sign Language Interpreter | <input type="checkbox"/> Large print | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Close Vision Interpreter | <input type="checkbox"/> ProTactile (DeafBlind) | _____ |
| <input type="checkbox"/> Certified Deaf Interpreter (CDI) | <input type="checkbox"/> Braille – Grade 1 | |
| <input type="checkbox"/> Assistive Listening System (ALS) | <input type="checkbox"/> Braille – Grade 2 | |
| <input type="checkbox"/> Computer Assisted Real-Time Transliteration (CART) | | |

AFFIRMATIVE ACTION – TO MAINTAIN DIVERSE REPRESENTATION

The shaded grey area is optional.

GENDER

- Male
 Female
 Other

RACE OR ETHNICITY

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Alaskan Native or American Indian | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Latinx |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other: |

QUESTIONNAIRE

Please answer the following questions. You may attach additional pages.

How (in what ways) have you been involved with the community (Deaf, DeafBlind, Deaf with additional disabilities, hard of hearing) you would represent on the Advisory Committee? How would you stay in contact with your community about issues so you can represent their needs and interests in Committee meetings?

Why are you interested in serving on the ODHHS Advisory Committee? Are there any specific issues that you want to work on if you serve on the committee?

Please share any ideas you may have about how we can honor diversity, equity, and inclusion within the Deaf, DeafBlind, Deaf with additional disabilities, and hard of hearing communities?

Are you involved with anything that could cause a potential conflict of interest with your responsibilities as a potential ODHHS Advisory Committee member? (For example, are you a staff or board member of any organizations that contract with Oregon Department of Human Services?)

Members are required to attend and participate in a minimum of six (6) meetings per year and participate in subcommittee or workshop activities. Members are expected to serve as a resource, to be actively involved, to respond to mail polls and to participate in local events. If appointed as a member, I will meet this commitment.

YOUR SIGNATURE

DATE

PRINT YOUR NAME HERE