

DDA Workgroups Interest Form

Please check all workgroups that you are interested in:

General:

- DDA Waiver programs
- DDA Regulations
- Quality Framework
- Behavior Support Model
- Information Technology

Resource Coordination:

- Services/Outcomes
- Qualifications

Name: _____

Address: _____

City: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

How many hours per month are you able to commit to serving on workgroup(s)? _____

To assist in ensuring varied roles on the workgroups, please check all that apply:

- Individual
- Provider: _____
name of agency
- Advocacy Affiliations: _____
name of group(s)
- Family Member/Caregiver
- Other: _____
please explain

Race/Ethnic Identification - Please select one or more of the following categories (*optional*):

- 1. American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
- 2. Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- 3. Black or African American (A person having origins in any of the black racial groups of Africa.)
- 4. Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.)
- 5. Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- 6. White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Please mail the completed form by April 1, 2010 to:
Developmental Disabilities Administration
201 W. Preston Street, 4th Floor
Baltimore, MD 21201
Attn: Kim Bennardi