

## FAMILY SUPPORT COUNCIL APPLICATION

**Name (please print):**

**Complete Mailing Address:**

**Best Contact Phone Number:**

**E-mail:**

Mark the category or categories that you could represent:

Immediate family member of a person with a developmental disability

Individual with a developmental disability.

Native American

1. If you are an immediate family member of a child/adult with a developmental disability, please list their age:
  
  
  
  
  
  
  
  
  
  
2. Why do you want to be on the Family Support Council?
  
  
  
  
  
  
  
  
  
  
3. What are your specific concerns/interests in disability issues?
  
  
  
  
  
  
  
  
  
  
4. What strengths do you bring to the Council?
  
  
  
  
  
  
  
  
  
  
5. Please tell us a little about yourself and your family.

Signature & Date: \_\_\_\_\_

**If you have any questions, please contact the Division of Developmental Disabilities at 605-773-3438.**

**Applications can be submitted via email: [infodd@state.sd.us](mailto:infodd@state.sd.us)**

**Or MAIL TO:**

Division of Developmental Disabilities  
Attn: Family Support Council  
E Hwy 34 Hillsvue Plaza  
c/o 500 E. Capitol  
Pierre, SD 57501