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**INTERAGENCY COORDINATING COUNCIL**

VOTING MEMBER APPLICATION

***The mission of the King County Interagency Coordinating Council (KCICC) is to assure the delivery of coordinated, comprehensive, family centered, culturally relevant, community based service for all children birth to three years of age with special needs and their families in King County.*** Voting Members are asked to commit to at least four hours per quarter to attend Council meetings and two hours for subcommittee meetings; more details are provided in the KCICC Bylaws. For more information please contact:

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Juliette Escobar 206-790-7761 [jescobar@kingcounty.gov](mailto:jescobar@kingcounty.gov)

First Name Middle Initial Last Name

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City Zip Code

Day Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Committee Rec:\_\_\_\_ KCICC Nom:\_\_\_\_\_

Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please describe your interest in serving on the KCICC:**

**Primary role on the KCICC would be. Please check ONLY one:**

**Parent/Family Member**  Yes I would not be paid by my work to participate.

Note: Voting members may request a Family Member Stipend.

**Early Intervention Provider**  Yes I work as a Part C Provider of Early Intervention (EI) services.

**Community Member**  Yes My primary role on the KCICC is not either of the above.

**Other roles on KCICC would include (Please check ALL that apply):**

1. **Geographic Representation**

Area of King County I reside in:  North King  East King  Seattle  South King

Area of King County I work in or serve:  All  North King  East King  Seattle  South King

1. **Languages and Cultures**

Home languages and cultures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Languages and cultures I work with/serve: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Areas of Developmental Disability**

My personal/family experience includes:  Autism  Deaf/Hard of Hearing  Intellectual

Motor  Speech  Vision Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

My focus at work includes people with:  Autism  Deaf/Hard of Hearing  Intellectual

Motor  Speech  Vision Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Parents/Family Members**

I have child(ren) with special needs whose ages are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have family members with special needs whose ages are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My experience includes being a: foster parent, low-income family, non-traditional family, or

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Professional Roles**

I currently work as:  Administrator  Educator  Family Resource Coordinator

Motor Therapist  Social Worker  Speech Therapist

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Community Groups**

I can represent (check box AND underline or highlight all that apply):

**Child Care and Early Childhood** – Child Care Providers, Child Care Resources, Home Visiting Programs, Early Head Start, Head Start, Early Childhood Assistance Program, or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Private Programs Providing Early Intervention** – Tribal Early Intervention, Hospital, Health Maintenance Organization based programs, Private Therapy Providers, or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Care** – Physician, Pediatrician, Family Practitioner, Nurse Practitioner, Tribal Health Care, Public Health, or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mental Health Care** – King County Mental Health, Infant Mental Health, or

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Public Education** – School District, Puget Sound Educational Service District, McKinney-Vento, or

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Higher Education and Professional Development** – Programs training Early Intervention personnel, coaching, on-site training, research on topics related to infants, toddlers, and/or families, or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Government Programs** – Tribal Governments, State Government, Child Care Licensors, WorkFirst, Washington State Department of Social and Health Services, Developmental Disabilities Administration, Child Welfare, Foster Care, Municipal Governments, Child Care Subsidy, Early Learning, or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Community Infant, Toddler, and Family Programs** – Libraries, Parks, Play and Learn Groups, Preschool Programs, Program for Early Parent Support, Parent Education, or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your time! Your application will be reviewed by the Operations Subcommittee and considered by the full KCICC at the next regularly scheduled meeting. You are welcome to attend KCICC meetings at any time.**