

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

Or MAIL TO:

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