Passionate about issues affecting people with developmental disabilities in Florida? Apply to join our Community Advisory Committee!



The Florida Center for Inclusive Communities (FCIC) is a University Center for Excellence in Developmental Disabilities at the University of South Florida. We are seeking Floridians with disabilities, and Floridians with family members with intellectual/developmental disabilities to serve on our vibrant Community Advisory Committee (CAC).

What Does Florida Center for Inclusive Communities Do?

FCIC currently has over 27 programs/projects undertaking a range of activities including educational, research, and service projects in the areas of Early Childhood, Education, Employment, Community Supports, Health, Public Policy, and Interdisciplinary Training.

The FCIC mission is focused on supporting individuals with intellectual and developmental disabilities to:

- Make informed choices and decisions about their lives
- Receive support and services that are based on individual goals and outcomes
- Achieve full inclusion and participate in society, in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of each individual.

Committee Roles and Responsibilities

The role of the Community Advisory Committee is to strengthen the work of the FCIC by:

- Participate in 4 meetings per year
- Serving in an advisory capacity regarding issues that are important to people with disabilities in Florida
- Assisting with the dissemination of information and resources
- Advocating for, and on behalf of, the center and its work
- Advising and informing staff about other relevant organizations, programs, or activities that may provide opportunities for collaboration



Application Process
Complete the CAC
application form and
submit to Denise R.
Barnes, via email
drbarnes@usf.edu or
fax 813-974-6115.
The application can be
downloaded at
http://flfcic.cbcs.usf.
edu/cac.html.



The Community
Advisory Committee
(CAC) is charged with
the responsibility of
advising FCIC staff.
CAC Members
also serve along
statewide agency
representatives.
CAC membership is
a 3 year renewable
commitment.



Questions

If you have any questions or need assistance with completing your application, please call or email Denise R. Barnes at 813-974-1063 or drbarnes@usf.edu.

Florida Center for Inclusive Communities Department of Child and Family Studies College of Behavioral and Community Sciences University of South Florida 13301 Bruce B Downs Blvd, MHC 2113A Tampa, FL, 33612







Community Advisory Committee Application

www.flCIC.org

Full Name:		Date of Birth:				
Address:						
			Zip:			
Telephone Number: (Home)		(Cell)				
Florida County:			Email Address:			
1. What is your preferred f	ormat to receive inforn	nation?				
☐ Hard copy mailing (large or small print)		□ Email	☐ Braille	Other:		
2. Check all the roles that	apply to you.					
☐ Self-advocate	☐ Parent of minor w/o	ld □ Pa	rent of adult w/dd	☐ Family m	nember of individual w/dd	
	*For Questions 3-	9, feel free to us	e another sheet of p	aper if needed.		
3. Community Connection	S*:					
Please list groups and orga	anizations you are conn	ected with includ	ding any roles as a v	olunteer, board me	mber, student or employee.	
Organization Name	<u>Ro</u>	_	<u>City, Sta</u>		<u>Dates</u>	





4. Please detail any accommodations you need to fully participate on the Community Advisory Committee*:				
5. Is there any reason why you would have any difficulty attending 1 in-person meeting per year (usually November) in Tampa?*				
If yes, please share why:				
6. Is there any reason why you would have difficulty being present on conference calls (2 - 3 times a year)?* No				
If yes, please share why:				
7. Please describe why you are interested in serving on the advisory committee. Include information about your background and particular areas of interest.*				
8. List your strengths as an advocate and how you have advocated for yourself.*				
9. Please describe an example of how you have advocated for others.*				





10. Please list a goal that you would like to accomplish on the advisory committee.*						
_						
11. Demographic Profile:						
Ge	nder:					
	eferred Pronouns:					
To	ensure diversity and statewide representation, please describe your disability: Prefer not to answer					
Ra	ce (check all that apply):					
	White refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.					
	Black or African American refers to people having origins in any of the Black racial groups of Africa.					
	American Indian and Alaskan Native refer to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. Tribe:					
	Asian refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g. Asian Indian).					
	Native Hawaiian and Other Pacific Islander refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.					
Eth	nnicity (check one):					
	<i>spanic</i> is an ethnic category for people whose origins are in the Spanish-speaking countries of Latin America or who identify					
	h a Spanish-speaking culture. Individuals who are Hispanic may be of any race. Hispanic □ Non Hispanic					
	Thispanic Li Non Hispanic					
Dic	someone recommend you for this council? If yes who?					