

Call for Applications: Texas Employment-First Task Force

Please complete this application to apply for membership on the **Texas Employment-First Task Force**.

Background

The Texas Legislature recently passed Senate Bill (S.B.) 1226, which establishes competitive employment as the preferred outcome for people with disabilities. The State of Texas is charged with creating an Employment-First policy. S.B. 1226 also requires the creation of an Employment-First Task Force to promote competitive employment of individuals with disabilities. This task force will be made up of self-advocates, family members, employers, and other stakeholders who will develop recommendations for implementing an Employment-First policy statewide. For more information regarding S.B. 1226, please visit:
<http://www.capitol.state.tx.us/BillLookup/History.aspx?LegSess=83R&Bill=SB1226>

Expectations

If appointed to the task force, members will be expected to regularly attend and participate in meetings. Meetings will be held monthly, usually in Austin. Meetings may last several hours. Meetings are subject to the requirements of the Texas Open Meetings Act.

***Please note:** Committee members are not entitled to compensation for service. If selected, individuals with disabilities and family members of individuals with disabilities will be eligible for travel reimbursement and other associated costs.*

SECTION 1 - Personal Information

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Gender:

Male

Female

Race/Ethnicity:

American Indian/Alaskan Native

Asian/Pacific Islander

African American/Black

Hispanic

White

Other: _____

Please check the box or boxes that describe you.

- A person with a disability
- A family member of a person with a disability
- An advocate for persons with disabilities
- A representative of a provider of integrated employment services
- An employer or a representative of an employer in an industry in which individuals with disabilities might be employed

SECTION 2 - Statement of Interest

Please provide a statement of interest, no more than one page in length, explaining why you are interested in serving on this committee.

Make sure to answer the following questions (as applicable) in your statement:

Questions for People with Disabilities:

1. How would you describe your disability?
2. Do you have a job in the community? If so please describe it.
3. What is your experience with getting help from agencies or providers to get or keep a job?

Questions for Family Members, Advocates, Providers, and Employers:

1. If you are a family member or a professional, what is your experience supporting people with disabilities? With what kind of disabilities are you most familiar?
2. What is your experience helping people with disabilities get and keep competitive jobs, earning a living wage, in the general workforce?

I attest that all the information contained in the document and my statement of interest is true and correct. If selected, I will commit to make every effort to attend all task force meetings.

Signature (typed entry is acceptable)

Date

**Please return this form and your statement of interest by close of business on
January 6th, 2014 to Laura Gold by email, phone, fax or mail:**

Laura.Gold@dads.state.tx.us
Texas Department of Aging and Disability Services
701 West 51st Street, Mail Code W-619
Austin, Texas 78751
Phone: 512-438-5986
Fax: 512-438-3884