

RON YOST PERSONAL ASSISTANCE SERVICES

Nomination for Governing Board

The Ron Yost Personal Assistance Services Act, signed by the Governor on April 1, 1999, chapter eighteen, article 10L of the West Virginia Code, requires the West Virginia Statewide Independent Living Council to establish a standing committee to function as the consumer board to direct the Division of Rehabilitation Services in the implementation of the program.

The law requires that the board be composed of:

- individuals with severe disabilities (a physical, mental, or sensory impairment that affects one or more major life activity)
- one member of the WVSILC with a disability

Personal experience receiving and managing personal assistance services is helpful.

No member of the board, or their immediate family, may receive personal assistance services through this program.

NAME:

ADDRESS:

CITY:

COUNTY:

STATE:

ZIP:

DAY PHONE:

EVENING PHONE:

FAX:

E-MAIL:

*BIRTH DATE:

*SEX:

*RACE:

DISABILITY: (Please explain)

** This information is voluntary and is requested only to assist the Council in ensuring diversity on this board.*

PURPOSE:

The purpose of the Ron Yost Personal Assistance Program is to provide funding for individuals with severe disabilities to receive assistance to live in a living arrangement of their choice. Recipients have the right to make decisions regarding the control and provision of their personal assistance services. This includes, but is not limited to, hiring, training, managing, paying, and terminating an assistant's employment.

RESPONSIBILITIES OF THE BOARD:

- Determine eligibility, need for, and amount of personal assistance services for applicants based on the functional assessments.
- Provide direction to the Division of Rehabilitation Services in the implementation of the program.
- Address Policy and other governing issues.

RESPONSIBILITIES OF BOARD MEMBERS:

Board members will be expected to:

- Attend and participate in all board meetings
- Declare any conflict of interest on decisions to be made by the board
- Refrain from applying for services provided by the program while serving on the board

Board members will be compensated for allowable expenses incurred as a result of active participation on the board.

PLEASE EXPLAIN YOUR INTEREST IN SERVING ON THE BOARD AND YOUR EXPERIENCE/QUALIFICATIONS. ATTACH ADDITIONAL SHEETS IF NEEDED.

THREE PEOPLE WHO WOULD RECOMMEND ME FOR A POSITION ON THIS BOARD ARE:

NAME:	ADDRESS/ORGANIZATION:	DAYTIME PHONE:

Questions regarding the board or the application process may be directed to:

**Ann McDaniel, Executive Director
WV Statewide Independent Living Council
PO Box 625
Institute, WV 25112-0625**

**Telephone:
(304) 766-4624 (voice or TDD)
1-855-855-9743
Fax: (304) 766-4721**

I certify that the information I have given in this application is true and accurate to the best of my knowledge and that I understand and agree to meet my responsibilities as a board member should I be selected to serve.

Signature of Nominee

Date