

**Michigan Department of Community Health (MDCH)
Children's Special Health Care Services (CSHCS)**

Application for CSHCS Advisory Committee Membership

Thank you for your interest in the CSHCS Advisory Committee! Please respond to the questions below. Limit your responses to 3 pages or less. If you have questions, please call CSHCS at 1-517-241-7186.

Name:
Organization (if applicable):
Mailing address:
County:
Daytime phone:
Email:

Optional

Race/ethnicity:
Gender:

1. Are you or have you been a family member and/or caregiver (parent, sibling, spouse, etc.) for a person with special health care needs? Or, were you a child with special health care needs? If the answer is yes to either of these questions, please indicate the special needs condition along with the age of the person with special needs.
2. Please describe your experience(s) with, or connection to the CSHCS program and/or to children and youth with special health care needs (CYSHCN). Describe your experience representing, supporting, advocating for, and/or assisting individuals, families, or populations with special health care needs.
3. Health equity is defined as attainment of the highest level of health for all people. How will your involvement with CSHCS help with our efforts to achieve health equity?
4. What is your personal and/or professional interest in serving on this committee?

Please send your completed application to:
Danielle Pitchford, Executive Secretary
Children's Special Health Care Services
Capital Commons Complex, 4th Floor
400 S. Pine
Lansing, MI 48913

OR

Email: Pitchfordd@michigan.gov