

MA Assistive Technology Act Advisory Council Nomination Form

Please return this form to MRC. You may send your responses by mail, e-mail or fax; or you can call us and we will complete a form by phone on your behalf. Thank you!

Your Name: _____

Your Street Address: _____

Your City/Town: _____ Your Zip Code: _____ State: **Massachusetts**

Your e-mail address: _____

Your Telephone Number: _____ Voice TTY Fax

Best day/time to contact you: _____

Please also help us by answering the confidential questions below:

- Please tell us about your personal experience with assistive technology, whether for yourself or a family member.

- Would you, or a member of your family be available to attend Advisory Council meetings three or four times annually ?
 Yes No

- We are looking for other individuals who could contribute to the Advisory Council. If you would like to nominate someone, please share their contact information with us:

REQUIRED COMPOSITION OF THE TECH ACT ADVISORY COUNCIL

A majority, not less than 51%, of the members of the advisory council must be individuals with disabilities who use assistive technology; or the family members or guardians of individuals with disabilities meeting these criteria.

Please check which – if any – of the following apply to you:

- A person who has a disability
- A family member or guardian of a person who has a disability
- A representative of the MRC.
- A representative of the MCB.
- A representative of an Independent Living Center.
- A representative of the State Workforce Investment Board.
- A representative of the State Department of Education.
- Representative of other agencies or private organizations, as determined by the State.

Members of the advisory council appointed as representatives of the entities described above shall not count toward the majority membership requirement.

The advisory council should reflect the geographical diversity of the State with respect to race, gender, age, ethnicity, disabilities and users of types of services that an individual with disabilities may receive.

Members of the advisory council shall receive no compensation for their service on the council but shall be reimbursed for reasonable and necessary expenses incurred in the performance of the official duties.

The Act calls for the appointment of the members of the council no later than 120 days after the enactment of the AT Act of 2004, October 26, 2004.

Send completed form to:

Massachusetts Rehabilitation Commission
27 Wormwood Street
Boston, Ma 02210-1606

Voice: 617 – 204-3600 FAX: 617 – 727-1354
E-Mail: massmatch@MRC.state.ma.us