



# Pennsylvania Rehabilitation Council

Office Location / Mailing Address: 55 Utley Drive, Camp Hill, PA 17011  
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email racucpca@parac.org www.parac.org

## APPOINTMENT REQUEST FORM

NAME		*SS #
* HOME ADDRESS (include geographic region – i.e. western PA, southeastern PA, etc.)		
PHONE	FAX	EMAIL (if applicable)
EMPLOYER (if applicable)		
ADDRESS		Underline the category/categories that you could represent on the council (underline as many as apply):  State Independent Living Council (SILC) Individuals with Disabilities Act (IDEA) Client Assistance Program (CAP) OVR Customer (Past/Present) Human Resources Investment Council (HRIC) State Dept. Of Education Rehabilitation Counselor Community Rehab Provider Education Service Provider Business/Labor/Industry Physical Disability Cognitive Disability Sensory Disability Psychiatric Disability Intellectual Disabilities General Advocate
PHONE	FAX	
PLEASE CHECK WHICH APPLIES TO YOU: <input type="checkbox"/> Appointment <input type="checkbox"/> Reappointment <input type="checkbox"/> Current Member Changing Category of Representation  (responding to these questions is voluntary) -- ARE YOU: A PERSON WITH A DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO  If Yes, Nature of Disability _____  A FAMILY MEMBER OF A PERSON W/ A DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO  If Yes, Nature of Disability _____		
**ORGANIZATION REPRESENTING (if applicable)		
OTHER AFFILIATIONS/ORGANIZATIONS		
BRIEFLY DESCRIBE HOW YOUR SKILLS, EXPERIENCE, ETC. MATCH THE ROLE AND RESPONSIBILITIES OF THE REHABILITATION COUNCIL.		
SIGNATURE		DATE

*\*Please Attach a Resume or Brief Biography and two written references. Documents should be emailed to [racucpca@parac.org](mailto:racucpca@parac.org) in word document format.*

**NOTE:** A member appointed to finish out the term of their predecessor **IS NOT** eligible to serve out two, three year terms for a total of six years. The member would serve the number of years left in their predecessor’s term plus one additional three year term.

\* This information is required by the Executive Office for all appointments made by the Governor.

\*\* Please Note: RC appointments are by individual, not organization. Alternates may attend as members of the general public, however they may not vote on any action items.

Form revised 02/16.