



Pennsylvania Rehabilitation Council

Office Location: 485 St. John's Church Road, Shiremanstown, 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	
(responding to these questions is voluntary) ARE YOU: A PERSON WITH A DISABILITY? ____ YES ____ NO If Yes, Nature of Disability _____ A FAMILY MEMBER OF A PERSON W/ A DISABILITY? ____ YES ____ 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 in word document format.*

* 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 10/2015.