

**NH Family Ties Advisor Program**

**NH Family Ties invites you to “*share your voice”* and become a Leader in NH. If you are a Parent, Family Member or have a loved one who has a disability OR if you are a Person who has a disability, you advocate daily for needs that are important to you. Each of us has the potential to serve as an advisor in many capacities within our State. NH Family Ties would like to offer you the opportunity to take the next step in Advocacy and Leadership and become a *NH Family Ties Advisor*.**

**As a *NH Family Ties Advisor*, you will be invited to share your expertise in the Education and Health and Human Service fields. You will also be notified of trainings and be given the opportunity to participate.**

**Your knowledge could be shared in many capacities:**

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| --- | --- |
| **Attend a Focus Group**  **Participate in a Survey**  **Serve on an Advisory Board**  **Share Challenges/Successes** | **Review Educational Materials/Grants**  **Participate on a Committee or Council**  **Become part of a Task Force**  **Play a role on a Planning Committee** |

**Your information will be stored in a data base and as opportunities become available, you will be notified via email or a phone call from your NH Family Ties Coordinator or The Department within the State that needs your assistance. Your participation is completely voluntary and what is conducive to your life at the time of contact.**

**MY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Preferred way to be contacted | | | |
| **Name:** *Click here to enter text.* | | **Phone:** *Click here to enter text.* |  |
| **Address:** *Click here to enter text.* | | **Email:**  *Click here to enter text.* |  |
| **City/Town:**  *Click to enter.* | **Zip:** *Click to enter.* | **Language(s) Spoken:** *Click here to enter text.* | |
| **Your DOB:** *Click here to enter text.* | | **Your disability:** *(if applicable)**Click here to enter text.* | |
| **Your Child’s DOB:**  *(if applicable)**Click to enter text.* | | **Your Child’s disability:** *(if applicable)**Click to enter text.* | |
| **Your Child’s DOB:** *(if applicable)* *Click to enter text.* | | **Your Child’s disability:** *(if applicable)* *Click to enter text.* | |

*(Please be sure to sign the form below)*

**My Personal Areas of Interest to Advocate for are:** *(please mark all that apply****)***

|  |  |
| --- | --- |
| **Access to Medical Care**  **Cultural Competency / Diversity**  **Emergency Medical Planning**  **Employment**  **Genetic Testing and Genetics Education**  **Health Insurance: Medicaid/Medicare/Private**  **Independent Living**  **Leadership Development**  **NH Family Support Conf Planning Committee**  **Area Agency Family Support Councils**  **TRANSTIONAL STAGES THROUGHOUT LIFES COURSE**  **Birth to Preschool**  **Preschool to Elementary School**  **Elementary to Middle School**  **Middle to High School**  **High School to Continuing Education**  **High School to Young Adult**  **Adulthood and Steps to Independence**  **Adulthood and Marriage**  **Marriage and Children**  **Adulthood to Senior Living** | **NH Leadership Series**  **Nutrition / Feeding**  **Parent Education / Training Opportunities**  **Program Development / Grant Reviews**  **Public Policy - What affects your family**  **Respite / Family Supports**  **Residential Opportunities**  **Special Education**  **Transportation**  **Please enter any other areas of strength you have or any further information you would like to share.**  **Other (please specify):**Click here to enter text. |

**By typing your name below, you give permission for NH Family Ties and Departments Governed by the State to contact you regarding NH Family Ties Advisor Program opportunities.**

**PLEASE SIGN AND DATE**

**Your Signature:** Click here to enter text. **Date:** Click here for a **drop down** menu.

***Many pathways have been paved for us…***

***Let’s continue to advocate for “positive change”…***

***For our ourselves, our children and for those in the future!***



***NH Family Ties / 70 Pembroke Road / Concord, NH 03301***

***Email: information@newhampshirefamilyties.com / 603-226-3212 x241***