

## **APPLICATION FOR MEMBERSHIP TO THE MI VIA ADVISORY COMMITTEE (MVAC)**

### **Role of the Mi Via Advisory Committee**

- To reinforce the Mi Via philosophy of self-direction
- To engage “on the ground floor” in providing input and recommendations during policy considerations
- To assist the State with the on-going evaluation and improvement of Mi Via
- To help identify ways to simplify the Mi Via processes

### **Meetings**

It is anticipated that the Mi Via Advisory Committee will meet quarterly, but interim meetings may be scheduled as needed. Meetings are generally about three (3) hours in length. Members may attend by phone, virtually, and in-person as available.

### **Membership**

A maximum of seventeen (17) members may be elected to serve on the Mi Via Advisory Committee. Members receive up to a three (3)-year term unless representing a Consultant Agency, who receive a two (2)-year term. Members of the Advisory Committee include Mi Via participants/EORs (Employer of Record) and a sampling of Mi Via stakeholders, which may include a legally responsible individual (LRI--parent of a minor participant or spouse of a participant), another relative, a guardian, a representative, an advocate, an employee, or a direct support professional. In addition, membership will include one representative from two different consultant agencies. Members are expected to attend all regularly scheduled meetings and if a member is absent without notice from three meetings, that member will be asked to resign.

We strive for broad representation on the Mi Via Advisory Committee. For example, we attempt to include individuals from both urban and rural areas, a range of ages and all Mi Via categories, and individuals who have benefited from Mi Via and want to make it the best it can be. To nominate yourself or someone you know, please use the attached form, and send it via email to [Elaine.Hill@state.nm.us](mailto:Elaine.Hill@state.nm.us) or fax to 575-758-5973 or via mail to DOH/Mi Via Unit - Attention: Elaine Hill, 5301 Central NE Suite 203, Albuquerque, New Mexico 87108.

## MI VIA ADVISORY COMMITTEE (MVAC) APPLICATION FORM

Date \_\_\_\_\_

I nominate: \_\_\_\_\_  myself  another person to serve on the Mi Via Advisory Committee. If nominating someone other than yourself, please indicate whether the nominee is aware of the nomination and is interested. \_\_\_ Yes \_\_\_ No

**To be considered for the Committee, please answer the following questions (if you need more room, please attach additional pages):**

Which membership role do you/the nominee most identify with (check all that apply): \_\_Participant \_\_Self Advocate \_\_EOR \_\_Guardian \_\_Relative  
\_\_ConsultantAgency \_\_Direct Support Professional \_\_Employee  
\_\_Legally Responsible Individual \_\_Representative

**2.** How long have you/the nominee been involved with the Mi Via Waiver?

less than two years  two to ten years  more than ten years.

In addition to Mi Via, how long have you/the nominee been involved with self-direction?

**3.** Why do you/the nominee want to be on the Mi Via Advisory Committee?

**4.** What is the personal experience, educational background, and/or professional experience that would make your/the nominee's membership relevant to this committee? If you/the nominee have any certificates for special accomplishments or specialty training related to disability, be sure to include that.

*Please note that the MVAC values personal experience as much as professional or educational experience so you are invited to explain relevant personal experiences in detail.*

**5.** If you are a Mi Via Waiver participant or closely involved with a participant, what is it about the Mi Via Waiver that has made the most difference for you (or the participant you know)?

**6.** What successes and benefits have you/the nominee known through the Mi Via Waiver?

7. How would you/the nominee like to see Mi Via improve?

8. Which category do you or the nominee represent under the Mi Via Waiver?

developmental disabilities     medically fragile     both

9. What region do you/the nominee live in?     Metro

Northeast     Northwest     Southeast     Southwest

10. What age group do you/the nominee represent?

Under 21     22-65     Over 65

11. What ethnicity do you/the nominee identify with?

Hispanic     Native American     Caucasian     African American

Asian American     Other     Prefer not to answer

12. Have you/the nominee previously been a member of the Mi Via Advisory Committee (MVAC)?     Yes     No    If yes, when \_\_\_\_\_

If you/the nominee have previously been a member, why would you/the nominee like to be a member again?

Submitted by (sign): \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Print nominee name clearly:

\_\_\_\_\_

Nominee signature for acknowledgment and acceptance of referral: \*

\_\_\_\_\_

Date: \_\_\_\_\_

Telephone # for you/the nominee: \_\_\_\_\_

Email: \_\_\_\_\_

*\*If no signature can be obtained, the Membership Committee will verify acknowledgement and acceptance prior to consideration.*