

**KanCare External Stakeholder Workgroup
Member Nomination Form
Consumer and Specialized Issues (CSI)**

Name:	I am a: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 80%;">Consumer</td> <td style="width: 20%;"></td> </tr> <tr> <td>Family member (of consumer)</td> <td></td> </tr> </table>	Consumer		Family member (of consumer)															
Consumer																			
Family member (of consumer)																			
Address:																			
City:	Zip Code:																		
Daytime Phone Number(including Area Code):																			
E-mail Address:																			
I am/My family member is a:																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Parent of a child 18 years or younger</td><td></td></tr> <tr><td>Person with a physical disability or traumatic brain injury</td><td></td></tr> <tr><td>Person with an intellectual/developmental disability</td><td></td></tr> <tr><td>Person with mental illness</td><td></td></tr> <tr><td>Person with substance use disorder</td><td></td></tr> <tr><td>Person 65 or older</td><td></td></tr> <tr><td>Person in a nursing facility</td><td></td></tr> <tr><td>Pregnant woman</td><td></td></tr> <tr><td>Parent receiving KanCare</td><td></td></tr> </table>		Parent of a child 18 years or younger		Person with a physical disability or traumatic brain injury		Person with an intellectual/developmental disability		Person with mental illness		Person with substance use disorder		Person 65 or older		Person in a nursing facility		Pregnant woman		Parent receiving KanCare	
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What support do you need to participate in the workgroup?																			
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Other (please explain)																			
Why do you want to serve on this workgroup?																			

Please return this completed form as an e-mail attachment to: Kancare@kdheks.gov

Or FAX to: 785-296-4813 Attn: Russell

Or mail to: KDHE/DHCF, Attn: Russell Nittler, 900 SW Jackson, Suite 900, Topeka, KS 66612