



Nebraska Children's Commission
1225 L Street, Suite 401
Lincoln, NE 68508

Bridge to Independence Advisory Committee Application Form

The Nebraska Children's Commission is seeking applications for the Bridge to Independence Advisory Committee. The charge of the Committee is to make recommendations to the Department of Health and Human Services (DHHS) and Commission regarding the Bridge to Independence Program, extended guardianship assistance, and extended adoption assistance. Committee members will be appointed for two year terms. The Committee is currently recruiting for the following positions:

- 1. A representative of a child welfare service agency**
- 2. A representative of an independent living services agency**
- 3. A representative of a child welfare advocacy organization**
- 4. A representative of a behavioral health organization**
- 5. A representative of the legislative branch of government (non-voting position)**
- 6. A representative of the judicial branch of government (non-voting position)**
- 7. A young adult currently or previously in foster care**

If you would like to be considered for this committee, please complete the attached 2-page form no later than July 6, 2018. The completed form should be returned to Amanda Felton at the Nebraska Children's Commission at amanda.felton@nebraska.gov or mailed to:

Nebraska Children's Commission
Attn: Amanda Felton
1225 L Street, Suite 401
Lincoln, NE 68508

**Nebraska Children's Commission
Bridge to Independence Advisory Committee**

Name:			
Address:			
	City:	State:	Zip:
Home Phone:		Business Phone:	
Cell Phone:		Business Fax:	
E-mail Address:			
Gender:		Race:	
Current Occupation and Employer:			
Employment History:			
Education:			
Other Committees or Boards:			
References (Name/Address/Phone):		1.	
		2.	
Are you willing to Chair or Co-Chair a subcommittee or workgroup of this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to willing to provide legislative testimony on behalf of this Committee if requestsd? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to contribute work to short term projects for this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you work with children, youth, or families, are you willing to connect them to the work of this Committee? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you want to be considered for a Co-Chair position of this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please indicate if the following is applicable: I wish to be a member of this group, but cannot/would prefer not to participate in voting matters due to my employment. <input type="checkbox"/> Yes <input type="checkbox"/> N/A			

Representative of: (check all that apply)

- Legislative Branch of government
- Judicial Branch of government
- Executive Branch of government
- A young adult currently or previously in foster care
- A child welfare advocacy organization
- A child welfare service agency
- An agency providing independent living services
- Other: _____

Reason for Seeking this Appointment:

Last revised: May 23, 2018