Thank you for your interest in the Special Health Services Family Advisory Council!

This Family Advisory Council (FAC) was developed to provide guidance and feedback to the Kansas Special Health Services (SHS) programs at the Kansas Department of Health and Environment (KDHE). The programs associated with FAC include:

- **Newborn Screening Follow-up (NBS-FU)** assures screening for 28 genetic or metabolic conditions at birth. NBS-FU notifies and assist providers and parents with the appropriate next steps, providing education and information to families, providers, and birthing facilities. While most newborns are perfectly healthy at birth, there are some conditions not visible at birth, which can cause severe illness, intellectual or developmental disabilities, or death if not identified and treated early. New conditions for screening and reporting are reviewed periodically.

- **Newborn Early Hearing Detection and Intervention Program (EHDI)** assures screening for hearing loss at birth. The program tracks to ensure that infants complete the hearing screening process within 1 month of age and receives related diagnostic services prior to 3 months of age. For those with identified hearing loss, the program assures referral to early intervention are in place by 6 months of age. Early interventions support healthy growth and development and prevent future speech and language delays, which may negatively impact the child's ability to learn and socialize. Sound Beginnings provides training to hospitals, organizations and parents of children with hearing loss.

- **Infant-Toddler Early Intervention Program (ITS)** is responsible for developing and maintaining state systems that provide early identification, evaluation, and/or early intervention services for newborns, infants, and toddlers with special needs, disabilities, and/or developmental delays. Local ITS networks, called "tiny-k," provide training, education, support services, follow-up, and guidance to families of identified children.

- **Special Health Care Needs (SHCN)** provides diagnostic services to those under the age of 21 years who are at risk for or suspected of having a severe disability or chronic disease, regardless of family income, care coordination, and financial assistance for specialty services for those who meet eligibility criteria. The program has selected the following new priorities: care coordination, family caregiver health, behavioral health, training and education, and direct health services.

This council provides families of those served through these programs opportunities to be partners in decision-making at all levels. Another primary goal is to assure that families are included in program and policy changes that affect the program's target population.

Membership is comprised of family members of individuals who have been served through any of the SHS programs or have special health care needs from across Kansas. *It is <u>not</u> required that any member of the family have received services from the SHCN program.*

For additional information regarding the SHS FAC, please refer to the FAC Bylaws. A copy can be found attached to this application.

Application Date: _____

Name:		Address:	
Home Phone:		City, State Zip:	
Cell Phone:		It text okay?	☐ Yes ☐ No
Email Address:			

Have you been served by any of the Special Health Services Programs? Please check the program(s) you have received services from. (NOTE: It is okay if you have not received services)

☐ Newborn Screening (NBS-FU) ☐ Newborn Hearing Screening (EHDI)

☐ Infant-Toddler Services (ITS) ☐ Special Health Care Needs (SHCN)

How you are related to an individual receiving these services?

☐ Parent ☐ Sibling ☐ Grandparent ☐ Other:_____

Child/Youth Name: _____Date of Birth: _____

Child/Youth Name: _____Date of Birth: _____

Child/Youth Name: _____Date of Birth: _____

Please briefly respond to the following questions in the spaces provided. Be sure to provide enough description for us to

Why are you interested in participating on the Family Advisory Council?
In what ways have you shown leadership in your community?
Please share a little about how you best communicate with other team members.

Application Date: _____

The Family Advisory Council is not designed to be very time intensive; however a commitment to active participation is necessary. What other extracurricular activities do you participate in? (ex: other advisory councils, volunteering, parent organizations, etc)
The FAC meets via in-person and conference calls. In-person meetings are held every 4 months on a Saturday from 10 am – 3pm. Conference calls are generally held during the week and last for about an hour and a half. Please provide any reason that you may have a difficult time participating in meetings. ☐ I do not anticipate having difficulties in participating in in-person meetings or conference calls.
Please provide any additional information that may be helpful to us in our selection process. Thank you!

Thank you for taking the time to complete this application to participate on the Family Advisory Council. All information contained on this form is considered confidential and is intended for use by the SHS Administrative Staff for selection purposes only. We will contact you by email to inform you of our decision.

If you are using the electronic version of this application, press the "Submit" button at the top of the first page. Don't forget to save a copy for yourself. Otherwise, you may send the application to us in one of the following ways:

Email: hsmith@kdheks.gov
Fax: 785-296-8616
Mail to: Heather Smith
1000 SW Jackson Ave., Suite 220
Topeka, KS 66612

Thank you for your application!