



DHHS - State of Nebraska Healthcare Transition Project

**Young Adult Advisory
Council Application**

Name: _____

Birthday: _____ Gender: _____

Address: _____

Phone number: _____

Email address: _____

How did you learn about the Young Adult Advisory Council?

Describe why you want to be a voice for transitioning teens and young adults with disabilities or special health care needs (you may attach another sheet or write on the back if necessary):

Describe what makes you a good leader for those with disabilities or special health care needs (you may attach another sheet or write on the back if necessary):

What kind of accommodations would you need to attend a meeting (transportation, personal assistant, interpreter)? _____

Please send to:

Melissa Money-Beecher, Nebraska Department of Health and Human Services
PO Box 95026, Lincoln, NE 68509-5026
Or fax to: 402-471-6352 attn: Melissa