



Advisory Council Application

If you have questions and to submit application by email:

angie.ransom@nebraska.gov (402) 309-0374

Applications may also be mailed:

PO Box 94987

Lincoln, NE 68509-4987

Name

Date

Address

City

State

Zip Code

Phone

Cell Phone

Work Phone

Email address

Text

Check all that apply and describe disability:

Experience a disability _____

Family member or guardian for individual that experiences a disability _____

Agency or organization representative for _____

Other (please describe)

Describe your background and experience in obtaining, using, and providing assistive technology devices.

Describe activities and organizations that you have been involved in regarding disability issues.

Why do you want to be a member of the ATP Advisory Council?