

Scott Walker
Governor

Kitty Rhoades
Secretary



State of Wisconsin
Department of Health Services

DIVISION OF LONG TERM CARE

1 WEST WILSON STREET
PO BOX 7851
MADISON WI 53707-7851

Telephone: 608-266-0036
FAX: 608-266-2713
TTY: 888-241-9432
dhs.wisconsin.gov

March 19, 2014

To: Interested Parties
From: Thomas Langham, Director
Office for the Blind and Visually Impaired
Re: Vacancies on the Statutory Council on Blindness

The Statutory Council on Blindness has two vacancies to fill. This nine-member statutory body, which is appointed by the Secretary of the Department of Health Services (DHS), may initiate consultations with the department and make recommendations to DHS and any other state agencies concerning procedures, policies, services, activities, programs, investigations, and research that affect Wisconsin citizens who are blind or visually impaired.

Members serve a three-year term and can be nominated for reappointment for a second three-year term for a total of 6 years. Both first-term and second-term applicants need to follow the appointment process. Additionally, an applicant may be appointed to complete an unfinished term. When the term is completed, the member would become eligible to apply for a full three-year term. Council members typically meet four times a year with meetings held primarily in Madison or by teleconference. If travel is involved, the Office for the Blind and Visually Impaired pays for lodging and meal expenses, and reimburses members for additional expenses associated with travel and meeting participation.

In order to apply, respondents must send a resume along with a letter of interest. Please include responses to the following prompts in your letter:

1. List organizations (programmatic, business, political, voluntary, etc.) where you are currently an active participant. Describe your role in the organization.
2. Describe your experience, if any, working on legislative issues. What topics/concerns did you address, with whom, and what were the outcomes?

3. Describe a leadership role you have played in your community in regard to disabilities, and/or list specific experience or knowledge that you feel makes you a qualified candidate for this Council.
4. The Council on Blindness bylaws stipulates that seven of nine members need to be blind or visually impaired and up to two members may be sighted. If you are blind or visually impaired, please identify the nature of your impairment.
5. Provide the names of two to three people who can be contacted as your references. They can be people who have worked with you, as discussed above, or other individuals who know you well. Please give the person's name, title, address (work or home), email address, and phone number.

Application materials need to be submitted by May 30, 2014.

Materials may be sent to the address below or to the following email address:

Thomas.Langham@dhs.wisconsin.gov

Thomas Langham, Director
Office for the Blind & Visually Impaired
1 W Wilson St, Rm 558
PO Box 7851
Madison, WI 53707-7851

If you have questions about the application process, you may send an email to Thomas.Langham@dhs.wisconsin.gov or call 608-266-3147.

*Note: Due to the nature of the Statutory Council on Blindness as an appointed legislative body, candidates are subject to a background check prior to acceptance to the Council.