

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

Dear Prospective Children's Long-Term Support Council Member:

A position for a County Human Services Department representative is currently available on the Children's Long-Term Support (CLTS) Council and the Department of Health Services (DHS) is in the process of recruiting a new member. The Department is interested in gathering additional information as part of the appointment process. We are interested in nominees who can make a commitment to be active participants on the Council during the term of the appointment.

Meetings of the Council are held in Madison, Wisconsin on a quarterly basis. For more information on the CLTS Council meetings please visit the website: <http://cltscouncil.wisconsin.gov/>.

To assist the Department in the nomination process, we are requesting all candidates provide a resume (if you have one), and your response to the following four questions:

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. Please list specific experience or knowledge that you feel makes you a qualified candidate for this Council.
4. Please provide the names of 2-3 people who can be contacted as your references. They can be people who have worked with you as discussed in questions 1 and 2 or other individuals who know you well. Please give the person's name, title, address (work or home) and daytime phone number.

Applications are accepted on a continual basis. The Office of the Secretary will review all applications and appoint the new council member.

Please mail a completed application to the address below:

Attn: Susan Larsen  
Department of Health Services  
Bureau of Children's Services  
1 W Wilson Street, Room 433  
PO Box 7851  
Madison WI 53707-7851

If you have any questions or need assistance completing the requirements, please contact me at 608-267-9184 or by email at [Susan.Larsen@dhs.wisconsin.gov](mailto:Susan.Larsen@dhs.wisconsin.gov).

Sincerely,

Susan Larsen, Chief  
Policy Initiatives and Program Integrity Section  
Bureau of Children's Services