



Gloria L. Brown
 Director

Department of Social Services
CUSTOMER ADVISORY BOARD
 Participant Application

Name	_____	Date	_____
Date of Birth	_____	Email	_____
Phone Number	_____	Phone Number	_____

Mailing Address _____

1. Please refer to the descriptions at the bottom of Page 2 on this application and choose which of the following areas you feel you may best represent on the Customer Advisory Board.

- _____ Child Care Subsidy Service Perspective
- _____ Family Preservation Service Perspective
- _____ Adult Services Perspective
- _____ Eligibility Services Perspective
- _____ Child Welfare Services Perspective
- _____ Welfare to Work Participant Perspective
- _____ Homeless or Formerly Homeless Perspective
- _____ Foster Parent or Foster Youth Perspective

2. Based on your option above, please briefly explain why you feel you are able to represent this area. (Do you have any particular experience in this area? Have you had/ witnessed a service incident in this area?)

3. How do you think others would rate you in the following areas?

	Excellent	Fair	Poor
Dependability			
Commitment			
Verbal Communication Skills			
Listening Skills			
Ability to work well in groups			
Ability to observe & provide detailed feedback			



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4. How familiar are you with the operations in a Social Services environment (e.g., programs, agency regulations, operational procedures, etc.)?

5. If selected, what strengths or skills would you bring to the Customer Advisory Board?

6. How did you find out about the Customer Advisory Board?

Thank-you for completing the Customer Advisory Board Participant Application. **Please fax your completed application to Randi Thompson at 301-909-7012 or by email at rthomps2@dhr.state.md.us** Your application will be reviewed and you will receive correspondence from our committee soon. Please call 301-909-7024 if there are any questions/ concerns.

REPRESENTATION DESCRIPTIONS

Child Care Subsidy Service Perspective: Current or Former Recipient of Service(s).

Family Preservation Service Perspective: Current or Former Recipient of Service(s).

Adult Services Perspective: Current or Former Recipient of Service(s).

Eligibility Services Perspective: Current or Former Recipient of Food Supplements, Medical Assistance, Temporary Cash Assistance, Energy Assistance, Emergency Assistance to Families w/ Children, or Eviction Prevention.

Child Welfare Services Perspective: Current or Former Recipient of Service(s).

Welfare to Work Participant Perspective: Current or Former participant in the Agency's Welfare to Work programs.

Homeless or Formerly Homeless Customer Perspective: Current or Former Recipient of Service(s).

Foster Parent or Foster Youth Perspective: Current or Former Foster Parent or Foster Youth.

NAME: _____