



MISSISSIPPI STATE DEPARTMENT OF HEALTH

MISSISSIPPI FIRST STEPS EARLY INTERVENTION PROGRAM

State Interagency Coordinating Council (SICC) Nomination Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Role:

- Parent of a child with a disability (Age of child: \_\_\_\_\_)
- Early intervention service provider (Mark one:  public  private)
- Member of the State Legislature
- Involved in personnel preparation
- Representative of State Agency provides or pays for early intervention services to infants and toddlers with disabilities and their families (*must have sufficient authority to engage in policy planning and implementation on behalf of agency*)
  - Insurance Commission
  - State Educational Agency [619 services and/or homeless/migrant children]
  - Mississippi Department of Mental Health
  - Mississippi State Department of Health
  - Division of Medicaid
  - Mississippi Department of Human Services
  - University of Mississippi Medical Center
  - Office of the Governor
  - State Board of Community and Junior Colleges
  - State Institutions of Higher Learning
  - Mississippi Head Start
  - Mississippi Band of Choctaw Indians
- Other (e.g., parent training center directors, local agencies with an interest in early intervention and/or child development, pediatricians or other physicians knowledgeable about the needs of infants and toddlers with disabilities, persons knowledgeable about children "at-risk" and/or with perinatal drug exposure)

Biographical Information (*attach additional pages as needed*): \_\_\_\_\_

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PLEASE PRINT

Date Received \_\_\_\_\_

Date Submitted \_\_\_\_\_