

NWT SUPPORTED LIVING ADVISORY GROUP APPLICATION FORM

CONTACT INFORMATION	
Name of applicant:	
Address:	
Phone number:	
Email address:	
Name of guardian: (If applicable)	
Phone number of guardian: (If applicable)	

EXPERIENCE	
Please select the option that best describes you:	
<input type="radio"/> Youth/ adult with a disability who currently utilizes supported living services (or would benefit from supported living services in the future) and resides at home	
<input type="radio"/> Youth/ adult with a disability who currently utilizes supported living services (or would benefit from supported living services in the future) and resides in a congregate living setting	
Caregiver/ family member/ friend of a youth/ adult who currently utilizes supported living services (or would benefit from supported living services in the future) with disability who resides at home	
Caregiver/ family member/ friend of a youth/ adult with disability who currently utilizes supported living services and resides (or would benefit from supported living services in the future) in a congregate living setting	
Please categorize your disability:	
<input type="radio"/> Visible disability	<input type="radio"/> Non-visible disability
OPTIONAL – Provide further description:	OPTIONAL – Provide further description:
Please provide an approximation on the following (if applicable):	
Number of years residing in the NWT:	

DIVERSITY

This SL Advisory Group aims to be diverse and to ensure that the direction of the project respects the unique needs of persons with intersectional barriers, including persons with disabilities who identify as female, BIPOC (Black, Indigenous, and People of Colour), 2SLGBTQQIPAA+ (2-spirit, lesbian, gay, bisexual, trans+, queer, questioning, intersex, pansexual, asexual, agender, + non-binary, genderfluid, genderqueer, demisexual, and more), and other marginalized groups in the NWT. To ensure individuals are selected that can provide diverse perspectives, membership will aim to select individuals that can fulfill the following perspectives. We ask the applicant to voluntarily declare any of the following that apply:

- A person who is Indigenous
- A person who identifies in the BIPOC (Black, Indigenous, and People of Colour) community
 - Black Indigenous People of Colour
- A person who identifies in the 2SLGBTQQIPAA+ (2-spirit, lesbian, gay, bisexual, trans+, queer, questioning, intersex, pansexual, asexual, agender, + non-binary, genderfluid, genderqueer, demisexual, and more) community
- A person who identifies as female
- Any other marginalized group. Please describe: _____

Please submit this application by June 16, 2021 to: SL_Advisory_Group@gov.nt.ca

If you have any questions or concerns please contact: Manager, Services for Persons with Disabilities, Department of Health and Social Services at (867) 767-9030 ext. 49317.

Only individuals selected for interviews will be contacted. Every effort will be made to ensure necessary accommodations are provided to allow for participation in the interview process. Selection of committee members will aim to reflect diversity within the NWT.

The personal health information on this form is being collected for the purposes of processing applications to the NWT Supported Living Review Advisory Group in accordance with the Access to Information and Protection of Privacy Act (ATIPP). It is protected by the privacy provisions under ATIPP and will not be used or disclosed unless allowed or required by the ATIPP or any other Act. If you have any questions, please contact the Manager, Services for Persons with Disabilities, Department of Health and Social Services at (867) 767-9030 ext. 49317.