



**Nebraska Children's Commission**  
1225 L Street, Suite 401  
Lincoln, NE 68508

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## **Alternative Response Advisory Committee Application Form**

The Nebraska Children's Commission is seeking applications for the Alternative Response Advisory Committee. This Committee examines the Department of Health and Human Services' alternative response to reports of child abuse or neglect and makes recommendations to the Legislature, DHHS, and the Nebraska Children's Commission regarding the receipt and screening of reports of child abuse or neglect, the ongoing use of alternative response, the ongoing use of traditional response, and the provision of services within alternative response and non-court-involved cases to ensure child safety, to reduce the risk of child abuse or neglect, and to engage families.

Members of the committee will be asked to serve for terms of two (2) years. If you would like to be considered for this committee, please complete the attached 2-page form which may be e-mailed to [NECC.Contact@nebraska.gov](mailto:NECC.Contact@nebraska.gov) or mailed to:

Nebraska Children's Commission  
1225 L Street, Ste. 401  
Lincoln, NE 68508-2171

**Nebraska Children's Commission  
Alternative Response Advisory Committee Membership Application**

Name:			
Address:			
		City:	State:
		Zip:	
Home Phone:		Business Phone:	
Cell Phone:		Business Fax:	
E-mail Address:			
Gender:		Race:	
Current Occupation and Employer:			
Employment History:			
Education:			
Other Committees or Boards:			
References (Name/Address/Phone):		1.	
		2.	
Are you willing to Chair or Co-Chair a subcommittee or workgroup of this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to willing to provide legislative testimony on behalf of this Committee if requestsd? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you willing to contribute work to short term projects for this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you work with children, youth, or families, are you willing to connect them to the work of this Committee? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you want to be considered for a Co-Chair position of this Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please indicate if the following is applicable: I wish to be a member of this group, but cannot/would prefer not to participate in voting matters due to my employment position. <input type="checkbox"/> Yes <input type="checkbox"/> N/A			

Position(s) for which you are applying: (check all that apply)

- Representative of the Department of Health and Human Services.
- Representative of law enforcement agencies.
- Representative of county attorneys or other prosecutors.
- Representative of the state chapter of child advocacy centers.
- Representative of attorneys for parents.
- Representative of guardians ad litem.
- Representative of a child welfare advocacy organization.
- Representative of families with experience in the child welfare system.
- Representative of family caregivers.
- Representative of the Foster Care Review Office.
- Representative of the Office of the Inspector General of Nebraska Child Welfare.
- Other (please specify): \_\_\_\_\_

Reason for Seeking this Appointment: