



ARKANSAS LIFESPAN RESPITE COALITION MEMBERSHIP FORM

Name: _____

Organization: _____

Title/Position: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____

Email address: _____

I'm interested in working on the following ALRC committees:
 Outreach Advocacy Development & Operations

ALRC COMMITTEE INFORMATION

OUTREACH COMMITTEE –

Purpose and goals:

1. Promote respite care and efforts of the ALRC
2. Provide awareness of respite programs and services available throughout the state.
3. Reach out to caregivers, professionals and organizations to build membership.

ADVOCACY COMMITTEE –

Purpose and goals:

1. Identify legislative stakeholders for ALRC outreach
2. Connect with legislators and provide education and awareness of respite needs
3. Help create legislative proposals and/or legislative studies

DEVELOPMENT & OPERATIONS COMMITTEE –

Purpose and goals:

1. Assist in writing grant applications
2. Research other funding options for the ALRC
3. Explore the pros/cons of making the ALRC a 501(c)3 non-profit organization

We appreciate your interest in the Arkansas Lifespan Respite Coalition (ALRC). The ALRC is made up of family caregivers, respite providers and professionals who are part of the aging, disability and health services networks. We need your help and hope that you will come and join us in building a statewide respite care system!

Note: Please email completed forms to sarah.schmidt@dhs.arkansas.gov or fax at (501) 682-8155.