

The Brain Injury Advisory Council (also referred to as Council or BIAC) acts as the forum for all brain injury stakeholders in the state to collectively identify needs and service gaps, and to recommend policy and system changes to improve the lives of people impacted by brain injury. The Council is sponsored by the Nebraska Department of Education (NDE), Office of Vocational Rehabilitation (Nebraska VR).

Volunteer members from across the state include people living with brain injury, their family members, and a variety of state agency and service provider representatives. Members are appointed by the Nebraska VR Director and the NDE Commissioner of Education.

Ways you can get involved

- Sign up for email messages to receive the latest information on brain injury, events, and resources
- Apply to be a Council member (application on next page)
- Attend a Council meeting and serve on a committee
- Participate in surveys, summits, webinars and other opportunities
- Invite a speaker to your workplace or civic organization to learn more about brain injury and explore employee training opportunities

For more information
braininjury.nebraska.gov
vr.infobiac@nebraska.gov
(308) 224-7571

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March 2021



Nebraska Brain Injury Advisory Council

The mission of the Council is to engage, integrate and inspire brain injury stakeholders to help achieve the Statewide Vision for Brain Injury Policies and Services.

Council Initiatives

- Helping to develop the Voice of Brain Injury in Nebraska
- Gathering data on brain injury in Nebraska by surveying individuals, their families, stakeholders, and hosting statewide summits
- Championing pilot projects to develop and provide resource facilitation and peer to peer supports
- Partnering with Nebraska VR to carry out the Annual Living with Brain Injury State Plan objectives
- Advocating for system and service provider changes that benefit individuals with brain injury and their families

III. YOUR INTEREST IN APPOINTMENT: Describe in detail why you are interested in serving on the BIAC. Include especially information about your background and experiences or elements of your personal history relating to brain injury that supports your interest and qualifies you for appointment. (Attach additional pages if needed.)

IV. YOUR EMPLOYMENT/ORGANIZATIONAL AFFILIATIONS:
(especially relating to brain injury) (Attach additional pages if needed.)

Current employment (Employer/Organization, City & State, Phone #, Title/Position)
(A current resume may be submitted):

Current association memberships, appointments to boards and commissions, and offices you hold:

Volunteer activities:

Higher education achieved:

Professional licenses held:

V. REFERENCES: List three persons who have known you well within the past five (5) years. Include a current telephone number and your relationship to the individual:

First and Last Name	Telephone #	Relationship
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First and Last Name	Telephone #	Relationship
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First and Last Name	Telephone #	Relationship
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VI. DIVERSITY INFORMATION: The BIAC wishes to reflect the diversity of the population of the state with regard to race, ethnicity, gender, and disability characteristics. (Optional)

Gender _____ Racial/Ethnic background: _____

Veteran: Yes No Person with a Disability: Yes No

Other information you wish to share:

VII. MEMBERSHIP RESPONSIBILITIES:

I acknowledge that I have read and understand the BIAC member responsibilities as outlined in the [BIAC Operating Procedures](#).

- Be a representative for Nebraskans with BI and represent their interests.
- Be actively involved in Council initiatives and activities.
- Adhere to the Conflict/Duality of Interest Policy as stated in Article IV of the BIAC Operating Procedures Manual.
- Maintain a broad view of and the willingness to learn about BI and the service options needed by and available to individuals with BI and their families.
- Gather concerns from and report back to organizations or constituencies (liaison role).

- Be willing to gather and share information with consumer organizations, agencies and others.
- Be willing and able to attend at least four in-person Council meetings during the year and serve on sub-committees when requested.

Applicant's Signature

Date

Please check here to give your permission for us to share your name, role on the Council, and home town on the Brain Injury Advisory Council website and other materials if you are appointed as a member of the Council.

NE Brain Injury Advisory Council (BIAC) Mentor Program

The BIAC is invested in ensuring each member has the opportunity to be fully engaged in Council activities. We know that joining a council like the BIAC can be a bit daunting, especially when you do not know other members and are new to the work of the Council. Therefore, we developed the BIAC Mentor Program. The intent of this program is to match you, as a new Council member, with a more experienced member so that you have a mentor to help orient you to the work of the Council and answer any questions you might have.

Are you interested in being matched with a mentor in the BIAC Mentor Program? *(Please note that marking yes does not commit you to the program. If you mark yes, we will follow up with you to provide more information.)*

Yes

No

Please complete the entire form and return via email to:

keri.bennett@nebraska.gov

Or by mail:

Nebraska Brain Injury Advisory Council
Attn: Keri Bennett
Program Director for Acquired Brain Injury
Nebraska VR
315 W 60th Street, Ste 400
Kearney, NE 68845-1504

For Council Use Only:

Applicant was interviewed on _____

Applicant has attended a Council meeting on _____

Action taken by the Council: _____