

## **GOVERNANCE STATEMENT**

DEPARTMENT OF HEALTH AND HUMAN SERVICES DEVELOPMENTAL DISABILITIES SFN 1549 (5-2024)

Agency	
1	

VORTH					
NAME	TELEPHONE NUMBER	EMAIL ADDRESS	OCCUPATION	TERM END DATE	CONSUMER/ CONSUMER REPRESENTATIVE
Chair/President					
Officers/Directors					

A typed signature is legally binding and equivalent to a handwritten signature.

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Signature			Title	Date