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OHIO OLMSTEAD TASK FORCE MEMBERSHIP FORM

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

ADVOCACY INTERESTS: _____

SIGNATURE: _____

By signing this I am agreeing to the mission statement of the Ohio Olmstead Task Force

OOTF Mission

To ensure lives with dignity and equal justice, all Ohioans with Disabilities:

- Will have equal opportunity to live as independently as possible with power to choose and keep their own possessions;
- Will have equal access to services and supports that are inclusive, integrated and tailored to each person's unique needs;
- Will have the freedom and authority to make choices and to responsively control supports and services provided them; and
- Will be treated with respect.