

Jennifer A. Shuford, M.D., M.P.H.

STATE CHILD FATALITY REVIEW TEAM COMMITTEE Advisory Committee Membership Application

If you would like to apply to be a Texas State Child Fatality Review Team (SCFRT) Committee member, please complete this application.

If you would like to apply for multiple SCFRT positions, please complete an application for each position individually.

According to the <u>Texas Family Code</u>, <u>Subchapter F</u>, <u>Section 264.501</u>, the purpose of the SCFRT Committee is to:

- (1) Develop an understanding of the causes and incidence of child deaths in this state;
- (2) Identify procedures within the agencies represented on the committee to reduce the number of preventable child deaths; and
- (3) Promote public awareness and make recommendations to the governor and the legislature for changes in law, policy, and practice to reduce the number of preventable child deaths.

Only complete applications will be considered. Please include the following with your application packet submission:

- A fully completed application.
- A resumé.
- Two recommendation letters.

The Texas Department of State Health Services (DSHS) will use completed applications to select eligible applicants to serve on this committee. DSHS will use resumé information and recommendation letters as supporting documents in this process.

Important note: Committee members may be reimbursed for their travel to and from in-person meetings if funds are available.

Note: Current members reaching the end of their first term must re-apply to be considered for a second term on the SCFRT Committee.

If a question does not apply to you, enter "N/A" and it will not be scored.

DSHS will not consider an application received after 11:59 p.m. CST, July 8, 2024.

SECTION 1 - Perso Name:	nal Information		
Home Address:			
City:	State: TX	ZIP:	Phone:
Fax:	Home Email:		
Employment Information Business/Organization			
Address:			
City:	State: TX	ZIP:	Phone:
Fax:	Work Email:		
Current Position Title	:		
Please check wher DSHS:	e you would like	to receive com	munication from
☐ Work Email ☐	Home Email	Work Address	☐ Home Address
Application			
☐ New/Initial Appli	cation	ewal Application	
Sex			
☐ Male ☐ Fem	nale		
Race/Ethnicity			
American Indian	'Alaskan Native	Asian/Paci	fic Islander
Black		Hispanic	
White		Other	

SECTION 2

DSHS is accepting applications for the following positions. State law requires that the SCFRT Committee include at least one person to represent each of the following roles. Please check the role you would like to apply for. Please submit one application per position.

A Police Chief
A Justice of the Peace (JP)
A Sheriff
A Chief Juvenile Probation Officer

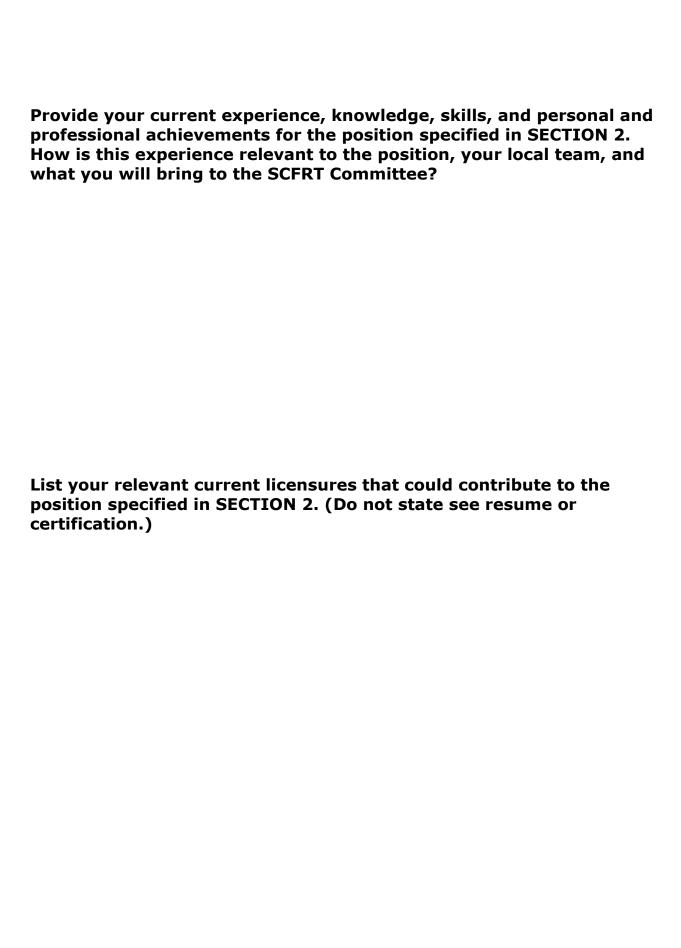
SECTION 3

The SCFRT Committee consists of professionals and subject matter experts who are dedicated to reducing child fatalities in Texas.

Please complete SECTION 3. Attach the required resumé and certification documentation if appropriate.

Please tell us about your direct experience with child fatality reviews in your area. Do you currently serve on a local Child Fatality Review Team? Please note, each member of the state committee must be a current member of the child fatality review team in the county where the committee member resides.

Please tell us why you want to serve on this SCFRT committee in the position specified in SECTION 2.



Have you ever been disciplined by any licensing board or professional or civic organization, including the Health and Human Services Commission (HHSC) Inspector General? No Yes
If yes, please explain:
 Member Participation Every member appointed to the SCFRT Committee must attend meetings regularly and may also participate in subcommittee activities. Regular committee meetings are held quarterly. The presiding chair may also call a special committee meeting. Members must attend meetings in person, by telephone, or other electronic medium as established by DSHS. Each meeting may last several hours. Subcommittee meetings may take place outside of regularly scheduled quarterly committee meetings. Members must attend meetings in person, by telephone, or other electronic medium as established by DSHS. Each meeting may last several hours.
Do you believe you will be able to regularly participate in SCFRT committee and subcommittee activities if you are appointed? No Yes
If no, please explain:

Have you served, or are you currently serving, on other advisory committees, councils, or work groups? If so, please list the group's name, its charge, and your role.
Miscellaneous Information Do you have a personal or private interest in a matter pending before DSHS or HHSC? ("Personal or private interest" means you have a direct monetary interest in the matter or owe your loyalty to an entity involved but does not include the member's engagement in a profession, trade, or occupation when the member's interest is the same as all others similarly engaged in the profession, trade, or occupation.) No Yes
Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)? No Yes If yes, please explain:

All the information contained in this application is true and correct. I understand that the committee will meet virtually or in Austin, TX quarterly. If selected, I will attend all committee and subcommittee meetings.

Signature (typed name is acceptable)	Date

Please return this form and any supporting documentation to:

Email: cfrt@dshs.texas.gov

Attn: Sarah Blezinger, Injury Prevention Coordinator

If you have any questions about the application or the SCFRT Committee, please submit them to cfrt@dshs.texas.gov, attention: Sarah Blezinger, Injury Prevention Coordinator.