



Kansas Maternal & Child Health Council (KMCHC) Professional Member Application

Effective Date: October 2025

Thank you for your interest in the Kansas Maternal & Child Health Council!

The mission of Kansas Maternal and Child Health (MCH) is to improve the health and well-being of Kansas mothers, infants, children, and youth, including children and youth with special health care needs (CYSHCN), and their families. We envision a state where all are healthy and thriving.

The Kansas Maternal and Child Health Council (KMCHC) was formed as a state-level group to advise and monitor progress addressing specific MCH population needs. The Council encourages the exchange of information about women, infants, children, adolescents, and children with special health care needs (CSHCN), and helps focus efforts among partners which include consumers/families and recommends collaborative initiatives. For additional information regarding the KMCHC, please refer to the guiding documents: Code of Ethics and Professional Conduct, Bylaws, and Reimbursement Policy available on the website at www.kansasmch.org.

Name			
Preferred Phone		Email	
Address		City, State, Zip	
Organization			
Position Title			
MCH Population* most interested in advising	☐ Women/Maternal ☐ Perinatal/Infant ☐ Child ☐ Adolescent *All population groups are responsible for addressing Children & Youth with Special Health Care Needs and Cross-cutting priorities and issues.		
Why are you interested in participating on the Kansas MCH Council? <i>It is encouraged that you view the Title V 2021-2025 State Action Plan, we would love to specifically know where you see you feel you can best engage in the current work for maternal and child health populations.</i>			
The Kansas MCH Council is not designed to be very time intensive (one meeting every 3 months with minimal review of documents outside of meetings); however, a commitment to active participation is necessary. Please provide any reason that you may have a difficult time participating in meetings. ☐ I do not anticipate having difficulties in participating in meetings or activities. ☐ I do not anticipate having difficulties in participating in meetings or activities <i>with</i> accommodations. (Please describe below).			
I grant permission for the following information to be posted on the website. ☐ Name and Role/Organization ☐ Photo			

Please submit questions and/or the application by email to Michelle Horst at michelle.horst@kansasaap.org

Office Use Only	
Appointment Recommendation: ____ Yes ____ No ____ Hold for future placement	
Comments:	