

**WV Developmental Disabilities Council**  
**110 Stockton Street**  
**Charleston, WV 25387**  
**Phone: 304-558-0416      Fax: 304-558-0941**  
<https://ddc.wv.gov>

The WV Developmental Disabilities Council is soliciting interest for a limited number of new members to be appointed to the Council. Specifically, the Council is seeking people with developmental disabilities and/or family members and will look first at applicants from under-represented areas of the State.

The Developmental Disabilities Council is a 31-member organization established by an Executive Order of the Governor on March 6, 1972. The Council is supported administratively by the Department of Health and Human Resources and is funded by a grant under the federal *Developmental Disabilities Assistance and Bill of Rights Act* (P.L.106-402).

The Council's mission is to assure that West Virginians with developmental disabilities receive the services, supports, and opportunities they need to achieve independence, productivity, integration, and inclusion into the community of their choice.

The Council consists of citizens with developmental disabilities, family members, and representatives from State and private organizations concerned with the provision of services to people with developmental disabilities. Over 60% are citizen members who are appointed by the Governor for terms of up to four years.

**Developmental Disability \*\***

**A severe, chronic disability that-**

- A) is attributable to a mental or physical impairment, or combination of mental and physical impairments;**
- B) is manifested before the individual attains age 22;**
- C) is likely to continue indefinitely;**
- D) results in substantial functional limitations in 3 or more of the following areas of major life activity: (a) Self-care; (b) Receptive and expressive language; (c) Learning; (d) Mobility; (e) Self-direction; (f) Capacity for independent living; (g) Economic self-sufficiency; and**
- (E) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.**

**Young Children**

**An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting 3 or more of the criteria described in (D) (a) through (g) if the individual, without services and supports, has a high probability of meeting those criteria later in life.**

Definition taken from Public Law 106-402

\*\* By themselves, sensory impairments (e.g. blindness, deafness), learning disabilities, emotional disorders, mental health impairments, and many physical disabilities are not considered to be developmental disabilities.

**APPLICATION FOR MEMBERSHIP DUE BY MARCH 31, 2021**

If you fit the eligibility criteria and are interested in being considered for membership on the Council, please complete the following information. I am:

\_\_\_\_\_ a person with a developmental disability.

\_\_\_\_\_ a parent or guardian of a child (under 18 years of age) with a developmental disability.

\_\_\_\_\_ the immediate relative or guardian of an adult with a mentally impairing developmental disability that causes him/her great difficulty in advocating for him/herself.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

<b>(City)</b>	<b>(County)</b>	<b>(Zip Code)</b>
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Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are you a resident of WV? Yes \_\_\_\_\_ No \_\_\_\_\_ Senate District \_\_\_\_\_

<b>For Legal and Statutory Requirements</b>	
Race/Ethnicity: _____	Male _____ Female _____

Please tell us about your (or your family member's) developmental disability.

Please tell us something about your experiences and beliefs about people with developmental disabilities.

As a member of the WV DD Council, you would be looking at the “big picture” and finding solutions to problems affecting many people. What would an ideal service delivery system look like for children and adults with developmental disabilities and their family members?

Please tell us why you are interested in becoming a Council member.

Tell us about your involvement and/or advocacy experiences with other organizations, boards, or groups. (Previous involvement is not a requirement.)

During the pandemic, the Council is meeting virtually using Zoom. Typically, the Council meets four times per year in locations around the State. The Council does not provide personal assistance services or transportation but will reimburse for those services when necessary. It also covers the costs associated with overnight stays. Attendance at meetings is important. Do you have the supports necessary to attend meetings? **Yes**      **No**

Please provide us with the names of three people we can contact for references.

<u>Name</u>	<u>Day Phone No.</u>	<u>How the Person Knows You</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**By signing below, I agree, if appointed, to actively participate in the Council’s regular meetings and workgroups. I agree to promote the independence, productivity, integration, and full community inclusion of people with developmental disabilities.**

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**Signature**

**Date**

**Return this form by mail or fax to the WV Developmental Disabilities Council  
NO LATER THAN MARCH 31, 2021  
110 Stockton Street, Charleston, WV 25387  
Fax: 304-558-0941**