



West Virginia Developmental Disabilities Council

New Member Application

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The WV Developmental Disabilities Council is soliciting interest for new members to be appointed to the Council. Specifically, the Council is seeking people with developmental disabilities and/or family members and a representative of a non-governmental agency or private non-profit group. Applicants from minority populations and under-represented areas of the State will be considered first.

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 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 are appointed by the Governor for terms of up to four years.

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

Developmental disability. The term "developmental disability" is defined by the DD Act as:

- a. The term "developmental disability" means a severe, chronic disability of an individual that—
 - i. is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - ii. is manifested before the individual attains age 22;
 - iii. is likely to continue indefinitely;
 - iv. results in substantial functional limitations in 3 or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, and
 - v. 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.
- b. 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 clauses (i) through (v) of subparagraph (a) 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

APPLICATION FOR MEMBERSHIP

DUE BY MARCH 31, 2024

PLEASE MARK THE ELIGIBILITY CRITERIA YOU MEET FOR MEMBERSHIP ON THE COUNCIL:

	A person with a developmental disability
	A parent or guardian of a child (under 18 years of age) with a developmental disability
	An immediate relative or guardian of an adult with a developmental disability that causes him/her great difficulty in advocating for him/herself
	A representative of a local and non-governmental agency, or private nonprofit group concerned with services for individuals with developmental disabilities.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name:		Are you a WV resident?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address:			
City:	County:	Zip:	
Phone:	Email:		

FOR LEGAL AND STATUTORY REQUIREMENTS (OPTIONAL):

Race/Ethnicity:		Gender:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
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PLEASE ANSWER THE FOLLOWING QUESTIONS (ATTACH ADDITIONAL PAPER IF NEEDED):

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

Tell us 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?

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Why are you interested in becoming a Council member?

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

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READ THE FOLLOWING STATEMENTS AND CHECK THE RELEVANT BOX:

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 support necessary to attend meetings?	<input type="checkbox"/> YES <input type="checkbox"/> NO
I agree 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO

PROVIDE INFORMATION FOR TWO PEOPLE WE CAN CONTACT FOR REFERENCES:

Name	Phone	Relationship

My signature affirms the information in my application is accurate and true to the best of my ability.

Signature

Date