

**WV Developmental Disabilities Council**  
**110 Stockton Street**  
**Charleston, WV 25312-2521**  
**Phone: (304) 558-0416 TDD: (304) 558-2376 Fax: (304) 558-0941**  
[www.ddc.wv.gov](http://www.ddc.wv.gov)

**RETURN NO LATER THAN April 1, 2011**

The West Virginia Developmental Disabilities Council is soliciting interest for a limited number of new members to be appointed to the Council beginning July 1, 2011.

The Developmental Disabilities Council is a 32 member organization that was 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 other forms of assistance they need to exercise self-determination and achieve independence, productivity, integration, and inclusion in the community.

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 of an individual 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 P.L. 106-402

\*\* In and of 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

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. Your age: \_\_\_\_\_ Please describe your disability.  
Include any related diagnosis made by a physician or psychologist: \_\_\_\_\_  
Age disability began: \_\_\_\_\_
- a parent or guardian of a child (under 18 years of age) with a developmental disability.  
Child's age: \_\_\_\_\_ Please describe your child's disability. Include any related  
diagnosis made by a physician or psychologist: \_\_\_\_\_  
Age disability began: \_\_\_\_\_
- 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.  
What is your relationship to the person? \_\_\_\_\_  
Family member's age: \_\_\_\_\_ Please describe your family member's  
disability. Include any related diagnosis made by a physician or psychologist: \_\_\_\_\_  
Age disability began: \_\_\_\_\_
- a representative of a local and non-governmental agency or private nonprofit group concerned  
with services for individuals with developmental disabilities in WV.  
Which agency or group? \_\_\_\_\_

### Contact Information

Name	
Street Address	
City, Zip Code, County	
Phone (Day)	
Phone (Evening)	
E-mail Address	
Length of WV residency	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity <i>(Needed to comply with our federal law)</i>	

What services are you or your family member currently receiving (employment, special education, respite, service coordination, personal assistance service, etc.)?

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

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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 families? \_\_\_\_\_

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Tell us about your involvement and/or advocacy experiences with other organizations, boards, or other groups. \_\_\_\_\_

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

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

*Name* \_\_\_\_\_ *Day Phone #* \_\_\_\_\_

*Email* \_\_\_\_\_ *How the Person Knows You* \_\_\_\_\_

*Name* \_\_\_\_\_ *Day Phone #* \_\_\_\_\_

*Email* \_\_\_\_\_ *How the Person Knows You* \_\_\_\_\_

*Name* \_\_\_\_\_ *Day Phone #* \_\_\_\_\_

*Email* \_\_\_\_\_ *How the Person Knows You* \_\_\_\_\_

*If appointed, 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.*

\_\_\_\_\_  
Signature Date

**Return this form by mail or fax to the WV Developmental Disabilities Council no later than April 1, 2011.**

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***\*\*If you need this application in an alternative format or you have any questions please contact the WV Developmental Disabilities Council. \*\****