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| --- | --- | --- | --- |
| Name of Nominee: | | | |
| Home Address: | | | |
| Phone: | Email: | | |
| Does the nominee live in an \_\_\_ Urban, \_\_\_ Suburban or \_\_\_ Rural area? | | | County: |
| Are you the nominee? \_\_\_ yes \_\_\_ no If you are nominating someone else, are they aware of the nomination? \_\_\_ yes \_\_\_ no If nominating someone else, please give us your name, relationship to the nominee and your contact information. | | | |
| Is the nominee a person with a disability? \_\_\_ yes \_\_\_ no   1. If yes, what is the nature of the disability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Do you believe that the disability is a developmental disability as defined by the DD Act?   (Please see attached definition.) \_\_\_ yes \_\_\_ no | | | |
| Is the nominee a family member of a person with a disability? \_\_\_ yes \_\_\_ no Relationship: \_\_\_\_\_\_\_\_\_\_   1. If yes, what is the nature of the disability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. What is the age of your family member with a disability? \_\_\_\_ 3. Is your family member able to speak on his/her own behalf? \_\_\_\_yes \_\_\_ no   Please describe:  Do you believe that the disability is a developmental disability as defined by the DD Act?  (Please see attached definition.) \_\_\_ yes \_\_\_ no | | | |
| The Developmental Disabilities Assistance and Civil Rights Act of 2000 requires the membership of the Council to reflect the racial and ethnic diversity of the state.  Race/Ethnicity of Nominee:  Caucasian \_\_\_ African American\_\_\_ Latino/Hispanic\_\_\_ Asian\_\_\_ Native American/Indigenous\_\_\_  Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Please tell us how you learned about the Council? | | | |
| Please describe the nominee’s other affiliations/organizations: | | | |
| If you are the nominee, why do you want to be a committee member? What particular interests do you have? | | | |
| Describe the nominee’s leadership experiences, skills or responsibilities and how these skills/experiences can help support the work of the DD Council. (Please attach additional pages if needed.) | | | |
| Signature: | | Date: | |

**Please mail completed form to: PA Developmental Disabilities Council, 2330 Vartan Way, Suite 130, Harrisburg PA 17110 or email to:** [**mrouse@pa.gov**](mailto:mrouse@pa.gov)

**Please note that the federal definition of developmental disability is about functional ability and the age that you acquired your disability; it is not based on a diagnosis. Please read the definition below to determine if the definition applies to your circumstances. Although eventual full Council Membership is limited by federal law to people with developmental disabilities or certain of their family members, a proportionate number of applicants may still serve a significant role in the Council’s operations as Committee members if they do not meet the full federal definition.**

**What is the Federal Definition of Developmental Disability?**

The Pennsylvania Developmental Disabilities Council uses the federal definition of developmental disabilities, as it appears in the Developmental Disabilities Assistance and Bill of Rights Act of 2000

Public Law 106-402.

(A) In General. -- 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:

(I) Self-care

(II) Receptive and expressive language

(III) Learning

(IV) Mobility

(V) Self-direction

(VI) Capacity for independent living

(VII) 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) Infants and 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 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.

**Time frame of a Nomination:**

* A person is recommended or submits a nomination form.
* The form goes to the Nominations Committee for review. The Nominations Committee meets **on a quarterly basis**, so there may be some time involved between submitting an application and further contact from the Council.
* Of the proposed candidates, the Committee will then select a list of people with whom we want to meet and get better acquainted. We consider if the person meets one of the current needs that the Council has, and if their experience seems to be a good fit with the Council’s mission and vision.
* Following an initial meeting where we also explain the Council and what membership involves, the committee will decide if they would like to invite the person to attend a Council meeting as our guest. A potential member typically is invited to attend at least two meetings as a guest, where we all get to know one another, and learn about our processes.
* The decision to invite a person to be a permanent member of the committee then goes back to the Nominations Committee for their approval.
* If it is decided that the person is not a good match for membership at this time, a letter will go out to that person explaining the decision of the Nominations Committee. In some cases, the Nominations Committee may request additional information for the group to consider before making a decision.