



PADDC
PA Developmental Disabilities Council

**PENNSYLVANIA DEVELOPMENTAL DISABILITIES COUNCIL
Self Nomination Form**

Your Name:	
Street Address:	
City: County:	
Zip:	
Phone:	Email:
Are you applying as a person with a developmental 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	
3. Have you ever lived in an institutional setting (for example, a State Center or Intermediate Care Facility) ___ yes ___ no	
If yes, please describe _____	
Are you applying as a family member of a person with a developmental 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: _____	
4. Do you believe that the disability is a developmental disability as defined by the DD Act? (Please see attached definition.) ___ yes ___ no	
5. Has your family member ever lived in an institutional setting (for example, a State Center or Intermediate Care Facility) ___ yes ___ no	
If yes, please describe _____	
The Council benefits from and values diversity of perspectives and experiences. We seek representation that reflects a wide variety of communities in the Commonwealth. Tell us about your background, racial, ethnic, other identities, or intersectionality. How will your lived experience bring unique perspective to Council?	



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Please tell us how you learned about the Council and why are you interested in serving on Council?

Please describe your involvement with community organizations or other affiliations or groups. Include engagement (volunteer or professional) with disability groups, events or initiatives.

What particular interests do you have related to the disability community? What ideas, needs or issues are most important from your perspective.

Describe your leadership experiences, skills or responsibilities and how these skills/experiences support the mission and goals of the Council. (Please attach additional pages if needed.)



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Signature:	Date:

Please mail completed form to: **PA Developmental Disabilities Council**
2330 Vartan Way, Suite 130
Harrisburg PA 17110

or email to: ra-pwpaddc@pa.gov

Please read the definition attached to determine if the definition applies to your circumstances.

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. 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.



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Next Steps:

- This form goes to the Nominations Committee for review during its quarterly meetings. There may be a delay between applying and further contact from the Council.
- The Committee will select people to meet with to get better acquainted and share information about the Council. We consider if the person fulfills one of our current membership needs, and if their experience seems to be a good fit with the Council's mission and vision.
- After the initial meeting, the committee will decide if they would like to invite the person to attend a Council meeting as our guest. Typically, a potential member attends at least two meetings as a guest, where we all get to know one another and the guests learn about our work.
- The decision to invite a person to be a permanent member of a committee then goes back to the Nominations Committee for their approval.
- If 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.
- After serving as a committee member, typically for at least two meetings, a person may be reviewed by the Nominations Committee to decide whether to recommend the individual to the Governor for an appointment to the Council.