



# Maine Developmental Disabilities Council

## APPLICATION FOR MEMBERSHIP

We strongly encourage you to answer **all** questions honestly and to the best of your abilities. This is your 1<sup>st</sup> chance at making a good impression and leaving questions blank delays the review of your application.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you live in Maine?  Yes  No  full time?  **or** part time?

*(\*You must be a resident of Maine to serve on the Maine Developmental Disabilities Council.)*

**Please check either “yes” or “no” for each of the following:**

*I am a:*

Person with a developmental disability (DD)\*\* .....  Yes  No

If yes, do you now or have you ever lived in an institution (such as Pineland or a nursing home)? .....  Yes  No

Parent/guardian of a child under 18 years old who has DD. ....  Yes  No

Immediate family member/guardian of an adult who has DD. ....  Yes  No

If yes, is the adult who has DD unable to advocate for himself/herself, even with support?\*\*\* .....  Yes  No

If yes, has the adult with DD ever lived in an institution (e.g. Pineland Center or a nursing home)? .....  Yes  No

Member or employee of a local and/or non-governmental agency, or a non-profit group concerned with services for persons with DD and their families in Maine. ....  Yes  No

Employed by a State agency that provides services for children and/or adults with developmental disabilities.....  Yes  No

## **PLEASE READ BEFORE CONTINUING WITH YOUR APPLICATION!**

### **\*\*The Federal definition of 'developmental disability':**

- *Is attributable to a mental or physical impairment or combination of mental and physical impairments*
- *Is manifested before the individual attains the age of 22*
- *Is likely to continue indefinitely*
- *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; and economic self-sufficiency*
- *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.*

*An individual from birth to age 9, 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 above if the individual, without services and supports, has a high probability of meeting those criteria **later in life.**" (Developmental Disabilities Assistance and Bill of Rights Act of 2000)*

*The federal definition is functional; it is intended to describe the nature and scope of limitations without reference to medical diagnosis*

*\*\*\*Please note that an immediate relative or guardian of an adult with a developmental disability may only be considered for Council membership if that adult is unable to advocate for himself/herself, even with supports.*

### **A DD Council member is a public official.**

*How do we know?*

- *A Public official is a member of a governing body.*
  - o *The DD Council*
- *A Public Official is often appointed by an elected member of the government.*
  - o *The Governor appoints the members (in the District of Columbia, it is the mayor)*
- *A Public Official makes decisions about using public money to impact members of the public to fulfill functions of a program funded with public member.*
  - o *The Council receives federal funds to implement the 5-year plan*
  - o *The 5-year plan impacts people with intellectual and developmental disabilities in the State or Territory.*

### **General expectations of a Public Official**

*In general, public officials (Council members) should:*

- *Uphold the highest ethical standards*
  - o *Follow your State or Territory ethics policies, and the Council Code of Ethics, (if that applies).*
- *Put the interests of the public and the mission of the Council before your own personal interests*
  - o *Council members qualify for membership because of their lived experiences and/or professional and agency connection.*
  - o *Once selected, the member works for the good of the State or Territory through the Council 5-year plan.*
- *Maintain and enhance the public's trust and confidence in the Council.*
  - o *Do what you say you will do, be consistent, uphold the values of the Council.*

*Please respond to any/all of the following that apply to you. Feel free to use a separate document or sheet of paper if you prefer.*

1) If you are a **Person with a Developmental Disability**: please tell us a little about yourself and your disability.

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2) If you are the **Parent, Guardian or Family member** of a person with developmental disabilities: please tell us about your family member/ward with a developmental disability, including his/her relationship to you, disability, and age. If the person is over 18 years of age, please explain why he or she is unable to advocate for his/her self even if provided with support.

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3) If you are a **Representative of an Organization or Agency**: please tell us about your organization or agency, including its mission and your professional position.

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**Please respond to each of the following questions. Feel free to use a separate document or sheet of paper if you prefer.**

A) How did you hear about the Maine DD Council?

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B) Why do you want to be a member of the Maine DD Council?

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C) Please briefly describe your experiences related to services and/or supports for persons with developmental disabilities and their families.

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D) What strengths and/or skills will you bring to the Council? (Examples: strong self-advocate, advocacy experience, experience with strategic planning, management, or communications, knowledge of the legislative process, personal commitment, etc.)

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Will you be able to make the necessary time commitment involved in being a member of the Maine DD Council? Please briefly explain. \*

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*\* Please Note: The full Council meets bi-monthly (6 times) throughout the year. In addition, members are required to serve on at least one committee, which may meet as frequently as once a month. Members are expected to review materials and information sent by Council staff in preparation for meetings.*

## **References**

Please provide two references we can contact for a recommendation. These should be individuals who know you personally and/or professionally and would be able to comment on the strengths, skills and experience you would contribute as a member of the Council.

### **Reference 1:**

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

Email: \_\_\_\_\_

How do you know this individual?: \_\_\_\_\_

### **Reference 2:**

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

Email: \_\_\_\_\_

How do you know this individual?: \_\_\_\_\_

**Please submit your completed application to Council staff via:**

Email: [maineddcom@gmail.com](mailto:maineddcom@gmail.com)

Mail: Maine Developmental Disabilities Council  
139 State House Station  
Augusta, Maine 04333

This application can also be completed and submitted online through our website: [www.maineddc.org](http://www.maineddc.org).

Please feel free to contact the Council at 207-480-1478 or 833-713-2618 if you have questions or would like additional information.