



**YOU CAN MAKE
A DIFFERENCE !!!**

REASONS YOU SHOULD SUBMIT AN APPLICATION FOR MEMBERSHIP ON THE COUNCIL

- 🎗️ Have direct involvement in innovative systems change activities in Kentucky.
- 🎗️ Have access to expert disability related information at both state and federal level.
- 🎗️ Participate and represent geographic/demographic diverse collaborative membership of consumers, consumer representatives and state agency representatives.
- 🎗️ Participate in public policy direction at the state and federal level.
- 🎗️ Be a voice for all citizens in Kentucky to have equal opportunity to have choice and control in their own lives.
- 🎗️ Participate in and have the resources available to focus on specific areas of interest in a work team setting.
- 🎗️ Advise the legislative and administration at the state and federal level branch on issues related to developmental disabilities.
- 🎗️ Act as a representative for the Governor's office on issues relating to supports and services for person and their families with developmental disabilities.

KENTUCKY COUNCIL ON DEVELOPMENTAL DISABILITIES DUTIES AND RESPONSIBILITIES OF MEMBERS

- Council members are expected to attend regularly scheduled two – three day Quarterly meetings. If unable to attend, members are expected to notify the Council Director stating the reason for the absence in advance of the meeting.
- New members are expected to participate in new member orientation sessions.
- Members are expected to prepare for Council, Committee and work team meetings by reading regular informational mailings.
- Members are expected to read and respond to action alerts.
- Members have the responsibility to represent individuals with developmental disabilities as well as specific disability groups and families, throughout the Commonwealth.
- Members have the responsibility to share their perspective on issues effecting individuals with developmental disabilities and their families throughout the Commonwealth.
- Members will be expected to serve on one of the Council's committees and to participate in the activities of that committee.
- Members are encouraged to serve on at least one target team.
- Members should be available to advocate on behalf of persons with developmental disabilities and to advise the Legislature and Governor on these issues, unless they are prohibited from doing so by the nature of their position.
- Members will be expected to mentor to new Council members.
- Members will be asked to attend conferences and workshops, either to be trained or to represent the concerns of the Council and persons with developmental disabilities,
- Members will be asked to participate in public hearings, meetings, and make comment on state plans or rules and regulations which affect persons with developmental disabilities and their families.
- Members who have been absent from two (2) consecutive Council meetings will be contacted by the Chairperson concerning his/her willingness to continue to serve on the Council.
- Members may be reimbursed for reasonable expenses associated with Council approved member activities.



KENTUCKY COUNCIL ON DEVELOPMENTAL DISABILITIES

MEMBER APPLICATION

Name

Address

Home Phone

Cell Phone

Email

In what county do you reside? _____

Which region of the state do you represent?

___ North ___ South ___ East ___ West ___ Central

Ethnicity (optional) _____

Are you an individual with a developmental disability? _____

Do you wish to self-declare your disability? _____

Are you an immediate relative/guardian of a person with a developmental disability?

Age of relative (optional) _____

Does your relative wish to decalare the nature of their disability? _____

Are you an individual who has been institutionalized or previously institutionalized or are you an immediate relative/guardian of an individual with a developmental disability who has been institutionalized or previously institutionalized?

Can you commit to 2 day meetings, 4 times a year and other meetings that the Council may have?

___ Yes-Advance dates and locations are necessary to schedule other dates around them.

Maybe- Advance dates and locations are necessary, however, other obligations may take precedence.

No—Please comment

Occupation/Former Occupation/Company Name:

Professional/Advocacy Associations or Affiliations:

Signature

Date

Please return application via mail or fax by using the contact information below:

KCDD

100 Fair Oaks Lane, 4E-F

Frankfort, KY 40601

Fax: 502/ 564- 9826