NEW YORK STATE OF OPPORTUNITY | Developmental Disabilities Planning Council

COUNCIL MEMBER APPLICATION FORM INSTRUCTIONS

The New York State Developmental Disabilities Planning Council (DDPC) was established to help New Yorkers with intellectual/development disabilities by supporting programs necessary to achieve personal independence, community integration, and increased productivity through federal grant funding. Areas of priority for the DDPC include educational and early intervention services and reform, health care, community-based living, employment, access to services and training in responsibility and inclusion for people with intellectual/developmental disabilities.

The DDPC is always looking for individuals and family members who would like to bring their life experiences and talents to the table and serve on the Council.

WHO CAN APPLY TO BECOME A COUNCIL MEMBER?

- People with developmental/intellectual disabilities
- Family members of people with developmental/intellectual disabilities

COUNCIL MEMBER RESPONSIBILITIES

The Council has an Executive Committee and three Standing Committees. Council members serve on one of the three Standing Committees and perform an integral role in DDPC's funding initiatives because they bring experience with services, supports, and their community to the table.

Below is a list of key responsibilities:

- Attend quarterly DDPC meetings and Standing Committee meetings in the Capital District (total of 8 meetings a year)
- Review Council policies
- Hear presentations by agency personnel and grantees
- Offer views and insight on pertinent issues
- Vote on NYSDDPC Funding Motions

HOW TO APPLY

To apply to become a Council Member, answer the questions on the back of this page and return to:

NYS Developmental Disabilities Planning Council
99 Washington Avenue
Suite 1230
Albany, New York 12210

NEW YORK STATE OF OPPORTUNITY | Developmental Disabilities Planning Council

COUNCIL MEMBER APPLICATION FORM

FULL NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

EMAIL

OCCUPATION (Please attach resume, if appropriate)

ACTIVE PROFESSIONAL & SOCIAL AFFILLIATIONS

AS A MEMBER OF THE DDPC, I COULD OFFER:

The DD Act states, "Not less than 60% of the membership of each council shall consist of individuals who are: Individuals with developmental disabilities, parents or guardians of children with developmental disabilities; or immediate relatives or guardians of adults with mentally impairing developmental disabilities who cannot advocate for themselves; and (are) not employees of a state agency that receives funds or provides services under (the DD Act); and who are not managing employees of any other entity that receives funds or provides services under (the DD Act)."

PLEASE EXPLAIN THE CHARACTERISTICS AND SITUATION WHICH QUALIFIES YOU FOR COUNCIL MEMBERSHIP:

By signing this document, I indicate my interest in serving as a member of the New York State Developmental Disabilities Planning Council. I understand this is a voluntary interest survey, and I am aware that Council Members are appointed and serve a term selected by the Governor.

Signature .....

Date .....