



William Bogdan  
Chairperson

Kimberly Mercer-Schleider  
Director

Dear Applicant:

Thank you for your interest in serving as a Council Member for the Illinois Council on Developmental Disabilities. Enclosed is an application packet with complete details on what needs to be submitted. Information shared here will be forwarded to the Governor's office. All members are appointed by the Governor. Those individuals appointed by Governor will be notified of their appointment by the Governor's Office.

The Council works to ensure that its membership reflects the cultural, socio-economic and geographical diversity of the State. Therefore, we encourage applications from individuals from racial and ethnic minority backgrounds and those living in underserved areas of the state (rural or urban).

### ***I. Application Requirements***

Each person interested in membership should complete and return the following to the Council office as soon as possible:

- Application for appointment
- Resume

### ***II. Council member representation is specified by federal Public Law 106-402 and by Illinois Law – The Illinois Council on Developmental Disabilities Law***

Members appointed by the Governor must meet the requirements of one of the following categories:

- An individual with a developmental disability
- Parent or guardian of a child with a developmental disability
- An immediate relative or guardian of an adult with a developmental disability who cannot advocate for himself/herself
- An immediate relative or guardian of an institutionalized or previously institutionalized individual with a developmental disability or an individual with a developmental disability who resides or previously resided in an institution.
- A representative of a local agency, nongovernmental agency or private nonprofit group concerned with services for individuals with developmental disabilities.

# ILLINOIS COUNCIL ON DEVELOPMENTAL DISABILITIES

## Responsibilities of Members

### EXPECTED

- Attend Council meetings, five (5) times a year. The meetings are typically in the Council's Springfield Illinois office.
- Participate on a Council and/or Ad Hoc Committee which meet throughout the year. Some of these meetings require in-person attendance, while other meetings may be conducted via conference call.
- Participate in ongoing orientation and training sessions held during regularly scheduled Council meeting times.
- Prepare for Council and Committee meetings by reading the agendas and supporting material prior to meeting date.
- Advocate for Council's mission and philosophy.
- Participate in the grant/investment process. This is typically done in conjunction with the standing committees.

### VOLUNTARY

- Serve on various Council Ad Hoc groups.
- Represent Council at selected state or local events.
- Provide information to legislators, federal and state.
- Share information between Council and other organizations, as appropriate.
- Serve on groups external to Council. Testify at legislative hearings. Educate and inform policy makers.

# Illinois COUNCIL APPOINTMENT APPLICATION

100 W. Randolph, Suite 10-600

Chicago, IL 60601

[www.state.il.us/agency/icdd/](http://www.state.il.us/agency/icdd/)

If you need help completing this application, call Theresa Casson at (217)782-9696 or email [Theresa.Casson@illinois.gov](mailto:Theresa.Casson@illinois.gov). Mail your completed application to above address. Please add pages as necessary.

NAME		STREET ADDRESS	
CITY	COUNTY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	FAX	E-MAIL ADDRESS
SELF NOMINATION <input type="checkbox"/> Yes <input type="checkbox"/> No NOMINATED BY ANOTHER INDIVIDUAL OR ORGANIZATION. IF BY ANOTHER, PLEASE SPECIFY: _____ _____			
ARE YOU: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		<input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> TWO OR MORE RACES	
1.	APPOINTMENT HISTORY: <input type="checkbox"/> FIRST TIME APPOINTMENT <input type="checkbox"/> REAPPOINTMENT		
2.	REPRESENTATION: <i>(Please check all that apply)</i> <input type="checkbox"/> Person with a Developmental Disability <input type="checkbox"/> A Parent/Relative of A Child with a Developmental Disability <input type="checkbox"/> A Parent/Relative of An Adult with a Developmental Disability <input type="checkbox"/> A Person with a Developmental Disability Who is or was in an Institution (public or private). Name of Institution: <input type="checkbox"/> A Relative, Parent, or Guardian of a Person with a Developmental Disability Who is or was in an Institution (public or private). Name of Institution: <input type="checkbox"/> A Service Provider or Employee of a Service Provider <input type="checkbox"/> State Agency Representative <input type="checkbox"/> Other (please list)		
3A.	IF YOU ARE A PERSON WITH A DEVELOPMENTAL DISABILITY, PLEASE DESCRIBE YOUR DISABILITY. <i>(See definition on last page)</i>		
3B.	IF YOU ARE A PARENT, GUARDIAN OR IMMEDIATE RELATIVE OF A PERSON WITH DEVELOPMENTAL DISABILITIES PLEASE LIST AGE(S) AND DISABILITIES:		
3C.	IF YOU ARE REPRESENTING AN AGENCY/ORGANIZATION, PLEASE STATE THE NAME AND ADDRESS OF THE ORGANIZATION OR AGENCY YOU ARE REPRESENTING. ALSO, PLEASE STATE THE TYPE OF SERVICES YOUR AGENCY/ORGANIZATION PROVIDE, PLEASE BE SPECIFIC FOR DD RELATED SERVICES		

4.	PLEASE TELL US A LITTLE ABOUT YOURSELF AND YOUR FAMILY. WHY DO YOU WANT TO BE A COUNCIL MEMBER? WHAT DO YOU FEEL YOU CAN CONTRIBUTE TO THE COUNCIL?
5.	HOW DID YOU LEARN ABOUT THE ILLINOIS COUNCIL ON DEVELOPMENTAL DISABILITIES?
6.	WHAT OVERALL CONCERNS DO YOU FEEL NEED TO BE ADDRESSED TO BETTER SUPPORT PEOPLE WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILY MEMBERS?
7.	WHAT IDEAS DO YOU HAVE FOR IMPROVING THE LIVES OF ILLINOISANS WITH DEVELOPMENTAL DISABILITIES?

8.	WHAT ARE YOUR THOUGHTS ABOUT INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES LIVING, GOING TO SCHOOL AND WORKING IN THE COMMUNITY?
9.	CAN YOU COMMIT TO FIVE COUNCIL MEETINGS (USUALLY IN JANUARY, MARCH, MAY, AUGUST, AND NOVEMBER) PER YEAR PLUS A SEPTEMBER RETREAT AND ADDITIONAL STANDING AND ADHOC COMMITTEE MEETINGS? <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	WILL YOU BE ABLE TO TRAVEL TO CHICAGO AND SPRINGFIELD AS WELL AS OTHER PARTS OF THE STATE TO ATTEND REGULARLY SCHEDULED MEETINGS, INFORMATIONAL SESSIONS, WORKSHOPS, ETC.? <input type="checkbox"/> Yes <input type="checkbox"/> No
11.	PLEASE LIST ANY INVOLVEMENT AND/OR MEMBERSHIPS YOU HAVE OR HAVE HAD WITH COMMUNITY, DISABILITY AND ADVOCACY ORGANIZATIONS ( <i>membership in other organizations is <u>not</u> a requirement</i> ).
12.	ARE YOU ARE REGISTERED LOBBYIST? <input type="checkbox"/> Yes <input type="checkbox"/> No
13.	PLEASE LIST TWO (2) REFERENCES – NAMES, ADDRESSES AND PHONE NUMBERS. 1. _____ 2. _____ _____ _____ _____

## What is a Developmental Disability?

### PLEASE REVIEW TO CONFIRM YOU QUALIFY USING THE FEDERAL DEFINITION OF DD

The term “developmental disability” means a severe, chronic disability of a person five years of age or older which~

- (A) is attributable to mental or physical impairment or a combination of mental and physical impairments;
- (B) is manifested before the person attains age twenty-two;
- (C) is attributable to mental or physical impairment or a combination of mental and physical impairments;
- (D) is manifested before the person attains age twenty-two;
- (E) is likely to continue indefinitely;
- (F) results in substantial functional limitations in three 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; and
- (G) reflects the person’s needs for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are lifelong or extended duration and are individually planned and coordinated; except that such term when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental disability or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

Source: Developmental Disabilities Assistance and Bill of Rights Act of 2000 (P.L. 106-402)

**All candidates appointed to Council membership should meet the membership requirements in one of the three categories:**

- 1. members with developmental disabilities;**
- 2. parent/family members of individuals with developmental disabilities; and**
- 3. members who represent local agencies, nongovernmental agencies, and private nonprofit groups concerned with services for individuals with developmental disabilities.**

**T H A N K   Y O U   F O R   Y O U R   I N T E R E S T   I N   T H E   C O U N C I L !**