



Alabama Council on Developmental Disabilities Council Member Application

If you need help completing this application, contact Darryle Powell at (334) 242-3976 or darryle.powell@mh.alabama.gov. Alternate formats are available upon request.

Note: Developmental disabilities are severe, life-long disabilities attributable to mental and/or physical impairments, which are manifested before age 22. Developmental disabilities result in substantial limitations in three or more areas of major life activities:

- self-care,
- receptive and expressive language,
- learning,
- capacity for independent living,
- mobility,
- economic self-sufficiency, and
- self-direction.

Persons with developmental disabilities require individually planned and coordinated services and supports for life, or for an extended period of time, in order to live in the community.

Please answer the following questions.

Contact Information

Name _____

Address _____

City _____ State _____ Zip _____

County _____

Phone Number _____

Alternate Phone Number _____

Email _____

Demographics

Alabama Resident Yes No

Gender

Female Male Non Binary

Prefer to describe: _____ Prefer not to say

Race

Asian Black or African American Hispanic or Latino

Native American, American Indian, or Alaska Native

Native Hawaiian or Other Pacific Islander White or Caucasian

Other or Prefer to Self-Describe: _____

Employment Status

Select your employment status.

Employed Self-Employed Not Employed

Other or Prefer to Describe: _____





Have you ever served on the Council?? Yes No

If you have served on the Council, then please provide your appointment history.

Which category of membership are you applying for?

- A person with a developmental disability
- A person with a developmental disability who lives or has lived in an institution
(Partlow Development Center, nursing home, etc.)
- A parent or legal guardian of a child with a developmental disability under the age of 18
- An immediate relative (i.e., spouse, parent, grandparent, brother, sister) or legal guardian of an adult with a mentally impairing developmental disability who cannot advocate for him/herself
- An immediate relative (i.e., spouse, parent, grandparent, brother, sister) or legal guardian of an individual with a developmental disability who lives or has lived in an institution
- Local and non-governmental agency concerned with services for people with developmental disabilities
- Private non-profit group concerned with services for people with developmental disabilities

If you are a person with a developmental disability, then please describe your disability, including how your disability impacts you in three or more areas of major life activities. _____

If you are a person with a developmental disability who lives or has lived in an institution (Partlow Development Center, nursing home, etc.), then please add the name of the institution and how long you lived or have lived there._____

If you are a parent or legal guardian of a child with a developmental disability under the age of 18, then please tell us about your child, including his/her disability and age. _____



If you are an immediate relative (i.e., spouse, parent, grandparent, brother, sister) or legal guardian of an adult with a mentally impairing developmental disability who cannot advocate for him/herself, then please tell us about your family member, including his/her relationship to you, disability, age, and why he or she is unable to advocate for him/herself. _____

If you are an immediate relative (i.e., spouse, parent, grandparent, brother, sister) or legal guardian of an individual with a developmental disability who lives or has lived in an institution, then please provide more information, including the name of the institution and how long he/she lived or has lived there. _____

If you are representing a local and non-governmental agency or private non-profit group, then please provide information about the organization, including the name, your position, and its commitment to people with developmental disabilities. _____

Why do you want to be on the Council? _____

What strengths do you bring to the Council? _____

What ideas do you have for improving the lives of persons with developmental disabilities and their families in Alabama? _____

Please list any involvement you have or have had with community organizations, disability organizations, or other types of experiences you have or have had in advocating for people with developmental disabilities. _____

What is your comfort level with speaking before groups and making presentations?

Extremely Comfortable Comfortable Uncomfortable

What is your comfort level with providing information to state and local officials?

Extremely Comfortable Comfortable Uncomfortable

Do you have commitments or conflicts that might prevent you from attending quarterly Council meetings?

Yes No Other or Prefer to Describe: _____

Are there any accommodations you will need to participate as a Council member? Yes No

If yes, then please describe accommodations needed. _____

How did you learn about the Alabama Council on Developmental Disabilities?

Friend or Family Member Website Billboard Alabama Governor's Office Radio

Other: _____

**Thank you for your responses.
You will receive a confirmation email and/or letter
confirming receipt of this application.**



Alabama Council on Developmental Disabilities

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