



MEMBERSHIP APPLICATION INFORMATION

MISSISSIPPI COUNCIL ON DEVELOPMENTAL DISABILITIES

To: Individual (s) with Developmental Disabilities and/or any Agencies Supporting Persons with Developmental Disabilities

From: Edie Hayles, Executive Director

Date: January, 2009

The Mississippi Council on Developmental Disabilities is currently seeking applicants for Council Membership. All applicants must have time to attend quarterly meetings and also have personal experience(s) and/or knowledge regarding developmental disabilities.

- **Applications are submitted by the Executive Director for the Council to the Mississippi Council on Developmental Disabilities' Rules and Executive Committees for review.**
- **Members of the Council are appointed by the Governor.**
- **The Membership of the Council shall be geographically representative of the State and reflect the diversity of Mississippi with respect to race and ethnicity.**
- **Serving as a member of the Council provides opportunities for involvement, collaboration, and partnerships that continually improve the lives of Mississippi's citizens with developmental disabilities. Additionally, the Mississippi Council on Developmental Disabilities promotes advocacy, capacity building, and systemic change activities.**
- **Council Members are not paid for service, but travel, lodging, and meals are covered consistent with state regulations.**



APPLICATION FOR NOMINATION

MISSISSIPPI COUNCIL ON DEVELOPMENTAL DISABILITIES

The Governor's Mississippi Council on Developmental Disabilities as authorized under the *Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Public Law 106-402)* as amended, is seeking nominations to be considered for appointments on the Mississippi Council on Developmental Disabilities.

If you are interested in serving on the Mississippi Council on Developmental Disabilities Board, please provide the following information:

Date: _____ Name: _____

Home
Address: _____

Business
Address: _____

Email: _____ Telephone:(Home) _____

(Work) _____ (Cell) _____

Please send Application to:

Mississippi Council on Developmental Disabilities
Attention: Executive Director: Edie Hayles
1101 Robert E Lee Bldg · 239 N. Lamar Street, Jackson, MS 39201
or Application may be emailed to Edie.Hayles@dmh.state.ms.us or Debbie.Jordan@dmh.state.ms.us.

If you have any questions, need additional information, or require assistance in completing the application, please contact the Council Office at 601-359-6238. Thank You for your submission.

Members of the Mississippi Council are sought in the following categories as is required by the Mississippi Council on Developmental Disabilities Board Composition & the *Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Public Law 106-402)* as amended. Please indicate by check mark the appropriate category below:

Section (1):

- Individual with a developmental disability
- Parent or guardian of a child with a developmental disability
- Immediate relatives or guardians of an adult with a mentally impairing developmental disability who cannot advocate for themselves

Section (2):

- State entity representing *Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.)*
Department of Rehabilitation Services
- State entity representing Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.)
Department of Education
- State entity representing the Older Americans Act of 1965 (42 U.S.C. 3001 et seq.)
Department of Human Services
- State entity representing Title V of the Social Security Act (42 U.S.C. 701 et seq.)
Department of Health
- State entity representing Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)
Department of Medicaid
- Representative of University Centers for Excellence in Developmental Disabilities
Education, Research, and Service
- Representative for the State Protection and Advocacy System
- Representative of a local/non-governmental agency concerned with services for
individuals with developmental disabilities
- Representative of a private non-profit group concerned with services for individuals with
Developmental Disabilities

Please Fill out the Following (2-3 sentences is acceptable). Any other information is optional. For example; a Resume or Letter as to why you would like to serve as a Council Member can be attached.

Brief Biographical Information:

Please Describe your direct experience and/or activities related to the field of people with developmental disabilities:

Please Explain why your experience/activities would be an asset to the Council:

Additional Comments:

