

‘ TELLGUAM DEVELOPMENTAL DISABILITIES COUNCIL

Application for Potential Membership on the Council

Name:

Address:

City: _____ Zip Code:

Telephone: _____ E-mail:

Is this a: _____ Self Nomination
_____ Nomination by another individual or organization.
_____ If by another, please specify:

The Council strives to achieve membership that is geographically representative of the cultural and socioeconomic diversity of the state. **Completion of this information is not required.** Please circle the ONE letter.

FEMALE

MALE

A

G

White not of Hispanic Origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

B

H

Black not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.

C

I

American Indian or Alaskan Native. A person having origins in any of the original peoples of North America, and who maintain identification through tribal affiliation or community. Specify:

D

J

Asian or Pacific Islander. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa. Specify:

E

K

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

F

L

Other. Specify:

Please consider me for a position as a (please check appropriate category below:)

COUNCIL MEMBER REPRESENTATIVE CATEGORIES

1. _____ **Person with a developmental disability.** (*See definition on last page*).

I meet this requirement because (please describe your developmental disability or disabilities):

2. _____ **Parent of a son or daughter or a family member of someone with a developmental disability.** (*See definition on last page*).

Please specify the relationship:

How old is your family member with a disability?

Describe the disability (or disabilities)?

What services (school, respite care, case management, etc.) Is your family member currently receiving?

- Does your family member live at home? ____ YES ____ NO
3. ____ **Immediate relative or guardian of an adult with a mentally impairing developmental disability who cannot advocate for himself/herself.**

Please specify the relationship:

How old is your relative with the developmental disability?

Describe the developmental disability (or disabilities)?

Does your relative live at home? ____ YES ____ NO

4. ____ **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. (Please complete section A or section B.)**

____ A. I meet this requirement because I am the immediate relative or guardian of an institutionalized individual with a developmental disability.

Please describe your relative's developmental disability (or disabilities):

Does your relative live at home? YES NO
If no, please give the name and address of the institution.

B. I meet this requirement because I am an individual with a developmental disability who resides in or previously resided in an institution.

Please describe your developmental disability (or disabilities):

Do you currently live in an institution now? YES NO

List the name and address of the current and/or previous institution:

5. **A representative of a local agency, non-governmental agency or private nonprofit group concerned with services for individuals with developmental disabilities.**

Type of organization:

private nonprofit local agency

service provider advocacy organization

other, please specify

Name and address of organization:

Types of services:

How is the organization concerned with services for persons with developmental disabilities?

Please complete the following questions to the best of your ability.

6. Please list any memberships in advocacy organizations and indicate any office held.
(Membership in other organizations is not a requirement):

7. What types of experience have you had in advocating for people with developmental disabilities?

8. Please tell us a little about yourself and your family:

9. Please list two references - names, address and phone numbers:

1.

2.

10. Please indicate how you learned about the Council:

[PLEASE NOTE: The Governor of Guam appoints members to the Council. The Council assists in the recruitment of nominees for the Governor's consideration. Persons appointed to the Council will receive official notification from the Office of the Governor.]

Please mail the completed form to:

Guam Developmental Disabilities Council
130 University Drive, Suite 17
Mangilao, Guam 96913
735-9127 Voice /735-9130 TDD
735-9121 Fax

Developmental Disability Definition

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

- (1) is attributable to mental or physical impairment or a combination of mental and physical impairments;
- (2) is manifested before the person attains age twenty-two;
- (3) is likely to continue indefinitely;
- (4) 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
- (5) reflects the person’s need 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 9, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services and supports are not provided.

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

All candidates for 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, non-governmental agencies, and private nonprofit groups concerned with services for individuals with developmental disabilities.