

**Louisiana Developmental Disabilities Council  
MEMBERSHIP APPLICATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Parish \_\_\_\_\_ Zip+4 \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_

Best Time to Call \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Personal Demographic Information:  
Please circle the responses that describe you.**

**Yes No** Person with a developmental disability?  
What is the disability? \_\_\_\_\_ Age disability began \_\_\_\_\_

**Yes No** Parent of child with developmental disability (child's age \_\_\_\_\_)?  
What is the disability? \_\_\_\_\_ Age disability began \_\_\_\_\_

**Yes No** Immediate relative or guardian of an adult with a mentally impairing developmental disability who cannot advocate for him/herself?  
What is the disability? \_\_\_\_\_ Age disability began \_\_\_\_\_

**Yes No** Have you or your son/daughter/immediate relative been determined eligible for services by the Office for Citizens with Developmental Disabilities or the Office of Behavioral Health?  
If yes, list the services eligible to receive/currently receive. \_\_\_\_\_  
Please list any waiting lists you or your child are on. \_\_\_\_\_

**Yes No** Do you represent a local, non-governmental or non-profit organization concerned with services for individuals with developmental disabilities?  
If yes, what organization? \_\_\_\_\_  
(The following information is needed to comply with our federal law.)

Gender:  Male  Female

Ethnicity:  American Indian/Alaska Native  Asian/Pacific Islander  Hispanic

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Black/African American

White/Caucasian

Other \_\_\_\_\_

1. Why do you want to be a member of the Developmental Disabilities Council?

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2. Are there any specific disability issues or concerns you are particularly interested in addressing? Please explain.

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3. Please describe your current and past involvements with developmental disabilities. Include any organizations to which you belong.

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4. What strengths would you bring to the Council?

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5. Being a Council member is a commitment. Members attend quarterly Council meetings in Baton Rouge and serve on one or more committees. Council meetings begin between 1:00 and 3:00 p.m. on Wednesday and end around 3:30 pm on Thursday afternoon. Additionally, Council members are asked to attend other meetings or events, averaging about three per year and are involved in Legislative advocacy activities. (Council member travel expenses are reimbursed.)

Do you believe you will be able to make this time commitment to the Council?

**Yes No** Please explain below.

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5. As a Council member you will be asked to call, write and meet with State Senators and Representatives to educate them on disability issues. You will receive information and training and be partnered with another Council member. How do you feel about this expectation?

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6. Do you know of any conflict of interest that would prevent you from serving on the Council? (i.e., are you employed by an agency that receives DD Council funding?) **Yes No** Please specify any possible conflicts below.

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Signature

Date

Please list two non-family references with addresses, phone numbers and email addresses that are directly related to developmental disabilities and your potential council membership.

1. \_\_\_\_\_ 2. \_\_\_\_\_

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Please return this form to:  
La. Developmental Disabilities Council  
P.O. Box 3455  
Baton Rouge, LA 70821-3455  
Fax No.: 225-342-1970

For further information/questions:  
Paige Freeman, Administrative Assistant  
Paige.Freeman@la.gov  
225-342-6804  
800-450-8108

**Thank you for your interest in the Council.**

# **Louisiana Developmental Disabilities Council**

## **MEMBERSHIP APPLICATION**

### **What is a Developmental Disability?**

Developmental disabilities occur in people of all racial, ethnic, educational, and economic backgrounds. A developmental disability is a severe, chronic disability of a person which is:

1. attributable to a mental or physical impairment or combination of mental and physical impairments;
2. is manifested before the individual attains age 22;
3. is likely to continue indefinitely;
4. results in substantial functional limitations in 3 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 individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

Additionally, an individual from birth to age 9, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria in 1 – 5 above, if the individual, without services and supports, has a high probability of meeting those criteria later in life.