



SOUTH CAROLINA
Developmental Disabilities Council

Council Member Application

Today's Date _____

Application Type: Adult with an intellectual or developmental disability

Parent/Guardian/Family Member of an individual
with an intellectual or developmental disability

Name _____ Date of Birth _____

Street Address _____ City _____ ZIP _____

Home Phone Number _____ Cell Phone Number _____ Email _____

Occupation _____ Highest education attained
(ie, GED, BA, MA) _____

Business Address _____ City _____ ZIP _____

Business Phone _____ Preferred Mailing Address: Home
Business

Work Experience:

Current or past memberships:

(Include all committee and coalition memberships)



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Developmental Disability

- A. The term "developmental disability" means a severe, chronic disability of an individual that—
- i. is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - ii. is manifested before the individual attains age 22;
 - iii. is likely to continue indefinitely;
 - iv. results in substantial functional limitations in 3 or more of the following areas of major life activity:
 - v. Self-care.
 - vi. Receptive and expressive language.
 - vii. Learning.
 - viii. Mobility.
 - ix. Self-direction.
 - x. Capacity for independent living.
 - xi. Economic self-sufficiency; and
 - xii. 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.
- B. INFANTS AND YOUNG CHILDREN.—An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting 3 or more of the criteria described above (i.- v.) of paragraph (A) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

-Developmental Disabilities Act (2000)

The South Carolina Developmental Disabilities Council comprises at least 60% individuals with intellectual and developmental disabilities, parents, guardians, or immediate family members with intellectual and developmental disabilities.

Check all that apply

Adult with an intellectual or developmental disability:

I am an individual with an intellectual or developmental disability.

I currently live in an institution or I have lived in an institution in the past.



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Check all that apply

Parent, guardian, immediate family member of an individual with an intellectual or developmental disability:

I am the parent of a child with an intellectual or developmental disability.

I am a guardian of a child with an intellectual or developmental disability.

I am an immediate relative or guardian of an adult with an intellectual or developmental disability which affects their ability to advocate for themselves.

I am the parent, guardian, immediate family member of an individual with an intellectual or developmental disability who currently or in the past resides in an institution.

Refer to the definition of an intellectual and developmental disability on page 2 to complete the following section. Check all that apply.

The disability manifested before the age of 22.

The disability is likely to be present throughout the lifespan.

The disability results in substantial functional limitations in a least three (3) of the following areas:

Self care

Learning

Mobility

Self-direction

Economic self sufficiency

Receptive and expressive language

Capacity for independent living

The disability reflects a need for a combination and sequence of special services that are lifelong or for an extended duration; and these services are individually planned and coordinated.

Explain why you are interested in becoming a Council Member:



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Additional Questions

	<u>Yes</u>	<u>No</u>
I am an officer or own a controlling interest of an entity receiving funds and/or providing services under the Developmental Disabilities Act.	<input type="checkbox"/>	<input type="checkbox"/>
I am employed by a state agency or organization receiving funds and/or providing services under the Developmental Disabilities Act.	<input type="checkbox"/>	<input type="checkbox"/>
I have been arrested for a crime other than a minor traffic violation.	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"><i>Please provide details:</i></div>		
I have filed state and federal income tax returns for the past five (5) years.	<input type="checkbox"/>	<input type="checkbox"/>
I have defaulted on a state or federal student loan.	<input type="checkbox"/>	<input type="checkbox"/>
I have been party to state or federal litigation in the preceding five (5) years.	<input type="checkbox"/>	<input type="checkbox"/>

Provide additional information you would like to make the SC DD Council aware of. *Use additional pages if necessary.*

Signature

Date

Return completed applications to
Valarie Bishop
SC DD Council
1205 Pendleton Street, Ste. 372
Columbia, SC 29201

valarie.bishop@admin.sc.gov
Fax: 803-734-0241