



**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, please provide the following information:

Date: _____ Name: _____

Home Address: _____

Business Address: _____

E-mail: _____ Telephone Home: _____

Work: _____ Cell: _____

Please send application to:



Mississippi Council on Developmental Disabilities
Attention: Charles Hughes, Jr., Executive Director
1101 Robert E. Lee Building * 239 North Lamar Street, Jackson, MS 39201
or e-mail to: charles.hughes@dmh.state.ms.us

Designated by State Agencies and Organizations

**State entity representing Rehabilitation Act of 1973
Department of Rehabilitation Services**

**State entity representing Individuals with Disabilities Education Act
Department of Education**

**State entity representing the Older Americans Act of 1965
Department of Human Services**

**State entity representing Title V. of the Social Security Act
Department of Health**

**State entity representing Title XIX. of the Social Security Act
Department of Medicaid**

**Representative of University Centers for Excellence in Developmental Disabilities
Education, Research and Service**

Representative of the State Disability Rights organization

Members of the Mississippi Council are sought in the following categories as is required by the Mississippi Council on Developmental Disabilities Board Composition and 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 which applies to you:

Individual with a developmental disability

Parent or guardian of a child with a developmental disability

Immediate relative or guardian of an adult with a mentally impairing developmental disability who cannot advocate for themselves

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 are acceptable). Any other information is optional. For example, a resume or letter as to why you would like to serve as a Council Member may be attached.

Brief biographical information:

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

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

Additional comments:

(Modifications-March 2012)