

**COUNCIL MEMBERSHIP APPLICATION**

Indiana Government Center South, Room E145

402 West Washington Street | Indianapolis, Indiana 46204

Phone: (317) 232-7770 | Fax: (317) 232-0257

[www.gcpd.in.gov](http://www.gcpd.in.gov) | Council@gcpd.in.gov

# Membership Overview and Guidelines

## Overview

The Indiana Governor’s Council for People with Disabilities is a state agency guided by the mission to advance the independence, productivity, and inclusion of people with disabilities in all aspects of society.

The Council’s vision is that all communities will be accessible, and all people with disabilities will be valued as full citizens in the community. The mission is accomplished through planning, evaluation, training, collaboration, marketing and education, research, and advocacy.

The Council receives about $1,500,000 dollars in federal funding every year to conduct activities and projects in accordance with the Council’s Five-Year Plan for People with Disabilities.

## Duties and Responsibilities

The Council represents people with intellectual/developmental disabilities, across different stages of life’s trajectory, living in Indiana communities. It is important for members to stay informed of disability policy/trends, be aware of new opportunities, and think strategically. The board speaks with a unified voice focusing on the larger picture and the developmental disability community. Council members may be asked to assist with various commitments; for example participating at different Council funded events, joining at least one (1) working Committee, hosting forums, observing and participating in community activities, and attending training events.

## Membership

Developmental Disabilities: The Council receives funding under the Developmental Disabilities Assistance and Bill of Rights Act (DD Act), from the Administration on Community Living (ACL). The DD Act requires that 60% of the Council be people with developmental disabilities (DD) or parents/family members of people with DD. In Indiana, Indiana Code (IC) 4-23-29 “Governor’s Council for People with Disabilities” establishes the Council in the state; this application will reference IC 4-23-29 frequently as it provides the definition for membership and what the Council’s charge is to meet both the DD Act Indiana Code requirements.

The Governor appoints fifteen members to the Council for terms of three (3) years or until a successor is appointed.

Membership categories include:

* Three (3) individuals with developmental disabilities
* Three (3) individuals who are:
	+ Parents of children with developmental disabilities; or
	+ Immediate relatives or guardians with developmental disabilities
* Two individuals who may be:
	+ Individuals with developmental disabilities
	+ Parents, immediate relatives, or guardians of adults with developmental disabilities
* One (1) individual who is institutionalized or was previously institutionalized or the parent, immediate relative, or guardian of an individual who is institutionalized or was previously institutionalized

Other membership categories include:

* Representatives of businesses that have demonstrated a commitment to implementing the federal Americans with Disabilities Act.
* A statewide or local community organizations whose state mission includes fostering the productivity, inclusion, and independence of people with developmental disabilities; and
* Providers of services to people with disabilities, including:
	+ Special Education programs
	+ Independent living Centers
	+ Community based programs
	+ Health care
	+ Preschool, early intervention programs, or area agencies on aging

Council members represent different regions of the state, rural and urban areas, different life stages, diverse racial and ethnic backgrounds and gender identities, different faith groups, and different incomes. Diversity in the membership adds to the richness of the Council and provides members with a more thorough picture of the experience of Hoosiers with disabilities living in the state of Indiana.

To be an effective Council, members are asked to attend scheduled meetings and actively participate in the Council work of selecting programs, project, and activities to fund, monitoring projects progress, and developing the Five-Year State Plan. Meetings are held quarterly on the second Tuesday of the month from 10 am to 2:30 pm. The Council’s Leadership Committee sets the agenda and may schedule additional meetings if needed. Travel and accessible accommodation expenses are paid. Notices to members are sent by email and can be mailed to applicants who request mailed notices.

## Appointment Process

Vacancies occur when a Council Member’s term has ended or if, for any reason, a member resigns from their post. When a vacancy occurs, GCPD staff assists the Council in recruiting potential new members by posting and distributing a Council Vacancy Announcement, indicating what seat is needed to be filled. The vacancy announcement will be posted on the Indiana Governor’s Council for People with Disabilities’ website for 35 days. Applicants can apply for consideration at anytime however will not be appointed unless there is a vacancy. At the end of the posting period, the vacancy announcement will close to give the Leadership Committee time to conduct applicant interviews

The Leadership Committee reviews applications and schedules interviews with potential candidates that meet the vacancy needs. Candidates are interviewed and recommendations are made to the Council for approval at the next regular meeting. If approved, the Council’s recommendation and candidate’s information is submitted to the Governor’s Office for consideration. Additional forms and clearances are required by the Governor, and staff provides assistance in collecting these forms. If a member needs help completing the form, GCPD staff will provide this support.

## Demographic Information

The Demographic Information section of the application provides the Council and the Governor’s Office with information about the applicant to ensure a diverse representation of people are considered and included in the application process. The demographic information is not a deciding factor in the applicant’s selection to the Council and is not shared with other sources. The demographic information is used to assist the Council in its strategic planning for engagement and outreach.

## Member Expectations

If you are currently employed and selected to serve, the Council staff recommends that you disclose your position on the Council to your employer with an emphasis on the time commitment requirement, and Council staff will provide, upon request, a letter of support to share with employees of selected candidates.

Expectations:

* Attend the meetings, four (4) times per year and scheduled as needed.
* Attend Council's trainings and events.
* Participate in at least one (1) Committees of Council which meet outside of the regularly scheduled Council meetings.
* Participate in new member orientation and other board training sessions.
* Prepare for Council and Committee meetings by reading information sent to you from Council staff.
* Advocate for Council's Mission and Philosophy.
* Participate in the development of Council positions on matters of public policy.
* Have the ability to communicate either by voice, interpreter, signing, or communication device.
* Participate in at least one (1) grant review panel for the purpose of awarding DD Council funds.
* Read and respond to action alerts.
* Consult with Council staff as needed.

Voluntary:

* Serve on various Council ad hoc groups.
* Represent Council at selected state or local events.
* Assume role of Committee Chair, if appointed.
* Mentor a new Council Member.
* Provide information to state and/or federal legislators.
* Share information between Council and other organizations, as appropriate.
* Serve on groups external to Council.
* Participate in visits to Council projects with Council staff.

## Definitions and Terms

The application includes some terms that may be unfamiliar to some applicants. Here is a brief definition of what some of those terms mean. Applicants are encouraged to refer to this page and ask questions about any terms they may not recognize.

**Advisory Products**: Recommendations that include a solution to a problem that has been identified.

**Advocacy**: speaking on behalf of or in support of another person and/or actively supporting a cause or proposal.

**Developmental Disability**: For an individual who is at least five (5) years of age, a “developmental disability” means a severe, chronic disability which: 1) is attributable to a mental or physical impairment or combination of both; 2) occurs before age 22; 3) is likely to continue indefinitely; 4) results in functional limitations in three or more of the following seven areas of major life activity: self-care, receptive and express language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and reflects the individual’s need for special, interdisciplinary services, supports, or assistance that is of lifelong or extended duration and is individually planned and coordinated.

For an individual less than five (5) years of age, “developmental disability” means: 1) substantial developmental delay; or 2) specific congenital or acquired conditions; with high probability of resulting in a developmental disability, as described above, if services are not provided.

**Immediate Relative**: Close relatives, parents, spouses, adult children, siblings, and grandparents; created via blood, adoption, and marriage.

**Institutionalized**: The Council is taking a broad definition of institution to include hospitals, State Operated Facilities (SOFs), residential schools, Psychiatric State Facility/Psychiatric Residential Treatment Facility (PSF/PRTF) and Coordinated Care Initiative (CCIs), ICF-IDs, Comprehensive Rehabilitative Management Needs Facility (CRMNFs), nursing homes, group homes, county homes, sheltered workshops, jails, and prisons.

**Intersectional Identities/Intersectionality**: The complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups.

**Gender Identity**: Gender identity is the personal sense of one’s own gender. Gender identity can match the assigned gender at birth, or it can differ from it.

**Race**: The Census Bureau defines race as a person’s self-identification with one or more social groups. An individual can report as White (Caucasian), Black or African American, American Indian and Alaska Native, Native Hawaiian and other Pacific Islander, or some other race.

**Self-Advocacy**: Speaking on behalf of yourself, making and expressing decisions about your own life, obtaining, and sharing information to enhance your understanding of things that interest you, knowing and expressing your rights and responsibilities as a consumer and or recipient of services; problem solving, listening and learning, reaching out to others when you need help, and promoting self-determination.

**Service Delivery System**: Organizations that provide supports and specific services for people who need them.

**Systems Advocacy**: Promoting and educating decision and policy makers and community stakeholders about rules, policies, laws or practices that determine how people receive the support they need.

To ensure full participation of members, reasonable accommodations can be provided.
NOTE: This application can be made available in alternative formats upon request.

If you need an accommodation to complete this form, have any questions about this application or the Council, please call the Council office at (317) 232-7770, email us at Council@gcpd.in.gov, or visit our website at [www.in.gov/gpcpd](http://www.in.gov/gpcpd).

Mail, Fax or Email the completed application to:

Kate Barrow, Executive Director

Governor’s Council for People with Disabilities

402 W Washington St, Rm E-145, Indianapolis, IN 46204

KBarrow@gcpd.in.gov

# Council Member Application

## Contact Information

Name:

Address:

City:

County:

Zip Code:

Employer/Organization:

Position Held:

Is this a volunteer or paid position? [ ]  Volunteer [ ]  Paid

Preferred Phone Number:

Choose which option best describes what type of phone number you are providing:

[ ]  Personal Cell Phone

[ ]  Personal Work Number

[ ]  Home Landline

[ ]  Shared Work Phone Number

[ ]  Other:

Email:

Are you a Partners in Policymaking graduate? [ ]  Yes [ ]  No

If yes, what was your PiP Class year?

## Demographic Information

To assist the Council in ensuring a diverse and representative board, GCPD staff asks that you complete the demographic section of this application. This information will not be shared with other agencies or sold.

How do you define your gender identity?

[ ]  Woman

[ ]  Man

[ ]  Non-binary

[ ]  Prefer not to say

What pronouns do you want people to use to describe you?

[ ]  She/Her

[ ]  He/Him

[ ]  They/Them

[ ]  Prefer not to say

[ ]  Other:

What is your Race and/or National Origin? Check all that apply.

[ ]  Asian

[ ]  American Indian/Alaska Native

[ ]  Black or African American

[ ]  Caucasian

[ ]  Hispanic/Latine

[ ]  Native Hawaiian/Pacific Islander

[ ]  Other:

What age group best describes you?

[ ]  18-25

[ ]  26-35

[ ]  36-45

[ ]  46-60

[ ]  61-70

[ ]  71+

What income range do you fall in?

[ ]  $0-$15,999

[ ]  $16,000-$24,999

[ ]  $25,000-$34,999

[ ]  $35,000-$49,999

[ ]  $50,000- $64,999

[ ]  $65,000+

## Membership Category

The Council and its staff recognizes that people do not live siloed lives; you may find that you meet one or more membership categories. For this reason, please check all areas that you meet. GCPD staff will match you to the vacancy needs and will be in contact with you about your preferred representation on the Council.

[ ]  Individual with an intellectual/developmental disability

[ ]  Parent of a child(ren) with an intellectual/developmental disability

[ ]  Parent, immediate relative, or guardian of individuals with developmental disabilities

[ ]  Person with a developmental disability who is or was previously institutionalized

[ ]  Parent, immediate relative, or guardian of a person who is or was previously institutionalized

[ ]  Community member or representative of a business that have demonstrated a commitment to implementing the federal Americans with Disabilities Act

[ ]  A statewide or local community organizations whose state mission includes fostering the productivity, inclusion, and independence of people with developmental disabilities

[ ]  Provider of services to people with disabilities, please check which category best describes you:

[ ]  Special Education programs

[ ]  Independent Living Centers

[ ]  Community based programs

[ ]  Health care

[ ]  Preschool, early intervention programs, or area agencies on aging

### Developmental Disability Status

Please describe you/your family members’ disabilities if applicable.

If you are a person with an intellectual/developmental disability and/or a parent or family member and the age of onset of the disability was before 22, you may qualify to be considered as a member representing developmental disabilities. The definition is taken from IC 4-23-29-4 “Developmental disability” defined. Please read the following definition of developmental disability and answer the question.

Developmental Disability: For an individual who is at least five (5) years of age, a “developmental disability” means a severe, chronic disability which: 1) is attributable to a mental or physical impairment or combination of both; 2) occurs before age 22; 3) is likely to continue indefinitely; 4) results in functional limitations in three or more of the following seven areas of major life activity: self-care, receptive and express language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and reflects the individual’s need for special, interdisciplinary services, supports, or assistance that is of lifelong or extended duration and is individually planned and coordinated.

For an individual less than five (5) years of age, “developmental disability” means: one, substantial developmental delay; or two, specific congenital or acquired conditions; with high probability of resulting in a developmental disability, as described above, if services are not provided.

After reading the definition, do you consider that you/your family member is a person with a developmental disability?

[ ]  Yes

[ ]  No

If you are a parent, immediate relative, or guardian of one or more children with a disability, please provide more information.

If a child has more than one disability, indicate the primary disability with a number 1 and the co-occurring disability with a number 2. Please keep in mind that the Council represents people with Developmental Disabilities as the primary disability.

You only need to complete this section if you are the parent, immediate relative, or guardian of one or more children with a disability.

**Child 1**

**Age**

[ ]  Birth – 3

[ ]  4 – 7

[ ]  8 – 10

[ ]  11 – 14

[ ]  15 – 17

[ ]  18 – 21

[ ]  22+

**Disability**

Developmental Disability/Delay:

Intellectual Disability:

Mental Health:

Traumatic Brain Injury:

Substance Use Disorder:

**Child 2**

**Age**

[ ]  Birth – 3

[ ]  4 – 7

[ ]  8 – 10

[ ]  11 – 14

[ ]  15 – 17

[ ]  18 – 21

[ ]  22+

**Disability**

Developmental Disability/Delay:

Intellectual Disability:

Mental Health:

Traumatic Brain Injury:

Substance Use Disorder:

### Affiliation with Businesses, Organizations, and Services

If you are a community member or a business, a provider of service, local community, or a statewide organization, please provide information about the organization, your role or position, the business or organization’s commitment to people with developmental disabilities, and other information you deem pertinent to your serving on the Council.

## Strengths and Skills

Please check the various areas of skills, strengths and expertise that you have:

[ ]  Strategic Planning [ ]  Evaluation/Risk Assessment

[ ]  Consensus Builder [ ]  Grant Review

[ ]  Marketing/Public Relations [ ]  Built Environment (ADA)

[ ]  Finance/Financial Oversight [ ]  Leadership

[ ]  Written Communication [ ]  Oral Communication

[ ]  Listening [ ]  Detail oriented

[ ]  Understanding community needs [ ]  Negotiating

[ ]  Knowledge of Board Governance [ ]  Analytical

[ ]  Public policy [ ]  Disability specific experience

­­­[ ]  Technology

[ ]  Other, please describe:

## Application Questions

Please answer the following questions to the best of your ability; there are no wrong answers. If you are handwriting this application, attach an additional page if needed.

1. What are three of the most pressing issues you feel people with developmental disabilities in Indiana communities are facing?

2. What are some of the ideas or solutions you have for addressing the three most pressing issues you feel Hoosiers with developmental disabilities are facing?

3. Why is it important to include the voices of all people with disabilities when providing recommendations about services, even if they have other identities (e.g. race, gender, sexuality, etc.) that do no match your own? What does it mean to you to practice inclusive advocacy?

4. Why do you think it’s important to have people with developmental disabilities leading systems advocacy for issues facing Indiana communities?

5. What else would you like the Council Leadership Committee to know when considering your application?

## Acknowledgement to Council Participation

Will you make a commitment to:

* Attend all scheduled Board meetings? [ ]  Yes [ ]  No
* Set aside time to read and prepare for Board meetings? [ ]  Yes [ ]  No
* Travel to attend Board and committee meetings
or participate in the virtual meeting option? [ ]  Yes [ ]  No
* Volunteer for Board related activities to advance
the Council’s mission? [ ]  Yes [ ]  No
* Set aside personal agenda to embrace the larger picture? [ ]  Yes [ ]  No

Will your organization/employer support your participation on the Board? [ ]  Yes [ ]  No

**Administrative Use Only**

Vacancy Code:

Regional Area

[ ]  Northeast

[ ]  North Central

[ ]  Northwest

[ ]  East-Central

[ ]  Central

[ ]  West-Central

[ ]  Southeast

[ ]  South Central

[ ]  Southwest

Date Received:

Date Processed:

Staff Initials: