

Why join the Missouri Developmental Disabilities Council?

MODDC is a progressive, federally-funded, consumer-driven Council appointed by the Governor. In support of the Council's 5-year Plan, the purpose of the Council is to plan and advocate for all Missouri citizens with developmental disabilities to increase opportunities for independence, productivity, and inclusion in all aspects of community life, in accordance with the Developmental Disabilities Assistance and Bill of Rights Act ("DD Act"). [Public Law 106-402, 106th Congress.](#)

Up to twenty-five (25) members represent a broad range of individuals with developmental disabilities (DD), parents or guardians of children with DD, including State and non-State agency members, and representatives of DD Network: The State University Center for Excellence in Developmental Disabilities (UCEDD) and State Protection and Advocacy (P&A). The Council is also representative of the diversity of the State with respect to geography, race, and ethnicity.

Council members are eligible for appointment to two (2), 3-year terms (total of 6 years), except for representatives of relevant State agencies (term does not expire). As mandated by the DD Act, a minimum of 60% must be individuals with DD, a parent or guardian, and/or immediate relative. Those individuals cannot also be an employee of a State agency. Council member distribution is as follows:

- 1/3 individuals with DD
- 1/3 parents/guardians of children with DD and/or immediate relatives or guardians of adults with a developmental disability who need significant supports to advocate for themselves
- 1/3 combination of the above
- 1 member must be an individual with DD or parent/guardian and/or immediate relative of an individual with DD who resides or previously resided in an institution, unless such an individual does not reside in the State.
- 1 member shall be a manager of or member of the Board of Directors of a sheltered workshop (RSMo 633.020)

INSTRUCTIONS:

There are three (3) options for submitting your Application for appointment to MODDC's Council:

1. **Register and Apply online** at the [MO Governor's Office of Boards and Commissions](#).
IMPORTANT: If you apply online, please contact MODDC - Central Office (see below) to advise MODDC's Executive Director of your submitting application; or
2. **Register online** at [MO Governor's Office of Boards and Commissions](#), then print, complete, and mail your application to MODDC - Central Office (*see above*); or
3. **Complete the attached Application and mail to MODDC** - Central Office (*see below*).

Questions about the online Application or the appointment process:

Office of Boards and Commissions
PO Box 720
Jefferson City, MO 65102

Phone: (573) 751-3222
FAX: (573) 751-1495
Email: boards@governor.mo.gov

Questions about MODDC and/or to mail or confirm receipt of your Application:

MODDC - Central Office
1796 Elm Street
Jefferson City, MO 65101

Phone: (573) 751-8611
FAX: (573) 526-2755
Email: moddc@moddcouncil.org

APPLICATION

*This form is intended for use by Missouri citizens seeking appointment by the Governor of the State of Missouri to
Missouri Developmental Disabilities Council (MODDC)*

Seeking Reappointment? Yes No

APPLICATION FOR (Name): _____

SUBMISSION DATE (MM/DD/YYYY): ____ / ____ / ____ **U.S. CITIZEN?** Yes No

DATE OF BIRTH (MM/DD/YYYY): ____ / ____ / ____ **MISSOURI RESIDENT?** Yes No

SSN: ____ - ____ - ____ **YEARS:** _____

MONTHS: _____

FORMER NAME(s)? Yes No
If "Yes," please include names changes, nicknames, maiden names and former married names: _____

MARITAL STATUS: Single Married Divorced **GENDER:** Female Male
 Separated Widow Widower

ETHNICITY: White Black/African American American Indian or Alaskan Native
 Asian Hispanic/Latino(a,x) Native Hawaiian or Pacific Islander
 Other (please define): _____

SPOUSE'S NAME (if applicable): _____

HOME PHONE: (____) ____ - _____

CONGRESSIONAL DISTRICT: _____

WORK PHONE: (____) ____ - _____

MISSOURI SENATE DISTRICT: _____

CELL PHONE: (____) ____ - _____

MISSOURI HOUSE DISTRICT: _____

FAX NUMBER: (____) ____ - _____

POLITICAL AFFILIATION:

EMAIL ADDRESS: _____

Democrat Republican Independent
 Unaffiliated Other

NOTE: If needed, you can look up your Missouri House, Missouri Senate, and U.S. Congressional District codes and legislator names using [Legislator Lookup](#) and entering your street address.

I AM (CHECK ALL THAT APPLY):

- A person with a developmental disability
Please describe your disability: _____

- A parent of a child under age 18 with a developmental disability
Please list age(s) and disability(ies): _____

- A parent of a child age 18 or older with a developmental disability
Please list age(s) and disability(ies): _____

- An immediate family member or guardian of an adult with a developmental disability
Please describe relationship, age and disability: _____

- A person with a developmental disability who lived in an institution
Please describe your disability: _____

- An immediate family member or guardian of a person with a developmental disability who lived in an institution
Please describe relationship, age and disability: _____

- Other (please specify): _____

RESIDENTIAL/BUSINESS ADDRESSES

Please list all your permanent and temporary places of residence for the last ten (10) years. Also list all your current and former residences outside of Missouri that you have maintained at any time during adulthood (including college addresses).

PRIMARY RESIDENTIAL ADDRESS:

BUSINESS ADDRESS *(if applicable):*

ARE YOU REGISTERED TO VOTE AT YOUR PRIMARY ADDRESS? Yes No

If "No," please explain: _____

SPECIFY YOUR PREFERRED MAILING ADDRESS:

- Primary Residential Address Business Address Additional Residential Address 1
 Other: _____

ADDITIONAL RESIDENTIAL ADDRESS 1:

ADDITIONAL RESIDENTIAL ADDRESS 2:

ADDITIONAL RESIDENTIAL ADDRESS 3:

ADDITIONAL RESIDENTIAL ADDRESS 4:

ADDITIONAL RESIDENTIAL ADDRESS 5:

ADDITIONAL RESIDENTIAL ADDRESS 6:

ADDITIONAL RESIDENTIAL ADDRESS 7:

ADDITIONAL RESIDENTIAL ADDRESS 8:

ADDITIONAL RESIDENTIAL ADDRESS 9:

ADDITIONAL RESIDENTIAL ADDRESS 10:

REFERENCES

Check if you do NOT have any references.

FIRST NAME	LAST NAME	NATURE OF RELATIONSHIP	CONTACT INFORMATION	YEARS KNOWN

EDUCATION HISTORY

Check if you do NOT have any formal education

EDUCATION LEVEL	SCHOOL NAME	FROM	TO	DEGREE RECEIVED	YEAR GRADUATED

CERTIFICATES & LICENSES

Check if you do NOT have any certificates or licenses.

TYPE	DESCRIPTION	DATE AQUIRED

GOVERNMENT POSITIONS

Please list all past and present local, state, or federal government positions, appointments, or elected office(s).
 Check if you have NOT held any government positions or elected office(s).

AGENCY	DESCRIPTION	START DATE	END DATE

MILITARY SERVICE HISTORY

Please list your military service history (including reserve components and the National Guard).
 Check if you have NOT served in the military.

BRANCH	LAST RANK	START DATE	END DATE	TYPE OF DISCHARGE

APPLICATION QUESTIONS

1. Has any civil litigation or garnishment action ever been filed against you? Yes No

If yes, please identify: _____

2. Has any civil order of protection or restraining order relating to domestic violence or any other subject ever been entered against you? Yes No

If yes, please identify: _____

3. Have you ever had any civil, administrative, or arbitration judgment or garnishment entered against you or against any business in which you were owner or the majority shareholder? Yes No

If yes, please identify: _____

4. Have you ever filed personal bankruptcy or been adjudicated bankrupt? Yes No

If yes, please provide details: _____

5. Are you currently in arrears on any court-ordered child support payments? Yes No

If yes, please identify: _____

6. Has any business you have owned, or of which you have been the majority shareholder, ever filed for bankruptcy or been adjudicated bankrupt? Yes No

If yes, please identify: _____

7. Have you ever failed to pay any government-insured debt or any debt owed to a governmental entity?

Yes No If yes, please identify: _____

8. Have you ever applied for, or held a license for a business, trade, or profession that required proof of good character or an examination? Yes No

If yes, please identify the license, the issuing authority, and the initial date of licensing: : _____

9. Have you ever been denied such a license, had that license revoked or suspended, or been disciplined with respect to that license? Yes No

If yes, please identify: _____

10. Have you or your spouse ever been disciplined, cited, or sanctioned for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? Yes No

If yes, please identify: _____

11. Are all of your federal, state, and local taxes current? Yes No

If no, please explain: _____

12. Within the past three years, has any business venture for which you were an owner or person responsible for remitting withholding taxes or sales taxes, failed to pay such taxes in a timely manner?

Yes No If yes, please explain: _____

13. Have you or your spouse ever received, other than as an employee, or has any business that you or your spouse owned or of which you or your spouse were the majority shareholder, ever received any income from the Missouri state board or commission to which you seek appointment? Yes No

If yes, please identify the income: _____

14. Have you ever been a registered lobbyist in Missouri? Yes No

If yes, please identify: _____

15. Do you have, or have you had, any personal, financial, or business interest or dealings that might present a conflict of interest with your proposed appointment? Yes No

If yes, please identify: _____

16. Have you ever served as an appointed or elected official, or a volunteer for a political party in Missouri? Yes No

If yes, please identify: _____

17. Is there anything in your or your spouse's background that might become an embarrassment to you if it were to become public? Please consider carefully any letters to the editor, blog posts, etc., you or your spouse may have authored, even anonymously. Yes No

If yes, please explain: _____

18. Have you or your spouse ever had any association with any person, group, or business venture that could be used, even unfairly, to discredit or attack your character and qualifications for the position to which you seek to be appointed? Yes No

If yes, please describe: _____

19. Have you or your spouse ever been publicly identified, in person or by organizational membership, with a particularly controversial national or local issue, or with an issue under the supervision of the board or commission to which you seek appointment? Yes No

If yes, please explain: _____

20. Do you know of any person or group who might take overt or covert steps to attack, even unfairly, your potential appointment? Yes No

If yes, please explain: _____

21. Have members of your immediate family (spouse, child, parent(s), sibling(s)), held any contractual or other direct dealings during the last four (4) years with any state or local government agency in Missouri, including the office or agency to which you are seeking? Yes No

If yes, please explain: _____

22. Have you or your spouse at any time belonged to any membership organization that, as a matter of policy or practice, denied or restricted membership or affiliation based on race, sex, disability, ethnic background, religion, or sexual orientation, or has been subject to a claim that it has done so?

Yes No **If yes, please provide detail:** _____

23. Why do you want to be on the Council? What are your specific concerns/interests?

24. Are you familiar with the [Developmental Disabilities Bill of Rights Act](#) (DD Bill of Rights Act)?

Yes No

What strengths and contributions would you bring to the Council to improve the lives of people with developmental disabilities as identified in the DD Bill of Rights Act?

