Application for Membership to the Protection and Advocacy for Developmental Disabilities (PADD) Advisory Board\*

\*Individuals who are deaf or hard of hearing are encouraged to apply!

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SELF-IDENTIFYING GENDER (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am (optional):

\_\_\_\_\_ Alaskan Native \_\_\_\_\_ American Indian

\_\_\_\_\_ Asian \_\_\_\_\_ African American

\_\_\_\_\_ Hispanic/Latin \_\_\_\_\_ Pacific Islander

\_\_\_\_\_ White \_\_\_\_\_\_Other

PHONE: (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am:

\_\_\_ a person with a developmental disability.

\_\_\_ a person, who is deaf or hard of hearing.

\_\_\_ a family member of a person who is deaf or hard of hearing, or with a developmental

 disability.

What experience have you had professionally and/or personally with individuals who have developmental disabilities or who are deaf or hard of hearing?

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List important issues related to the Deaf community or for persons with developmental disabilities in Kentucky:

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Why are you interested in serving on the PADD board?

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Describe your thoughts on living in the least restrictive environment?

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Is there anything preventing you from attending quarterly meetings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If needed, can you provide your own personal attendant with reimbursement by P&A? \_\_\_Yes \_\_\_ No

Are you associated to employment or financial investment(s) with any public or private agency, which provide services to individuals who have developmental disabilities, or who are deaf or hard of hearing? \_\_\_ Yes \_\_\_No

If yes, please provide a brief explanation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Pease include the name, address and phone numbers of two (2) personal references:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( ) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_ (daytime #); ( ) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_ (evening #)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( ) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_ (daytime #); ( ) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_ (evening #)

Kentucky Protection and Advocacy appreciates your interest in serving on the PADD Advisory Board. Please mail your **complete** application to:

Camille Collins

Federal Program Specialist

Kentucky Protection and Advocacy

5 Mill Creek Park

Frankfort, Kentucky 40601

