

**DECLARATION BY MEMBER/PROSPECTIVE MEMBER OF  
LUCAS COUNTY DD BOARD**

I, \_\_\_\_\_, am a member/prospective member (circle one) of the Lucas County Board of Developmental Disabilities (referred to as the "DD Board"). Pursuant to the requirements of Ohio Rev. Code §5126.024 and section 3 of Am. S.B. 10, I make the following declaration:

1. I am a citizen of the United States.
2. I am a resident of Lucas County.
3. I am interested and knowledgeable in the field of developmental disabilities and other allied fields.

Check all which apply:

- I have an immediate family member<sup>1</sup> who is eligible to receive early intervention services or services for preschool or school-age children from the DD Board.
- I have an immediate family member who is eligible to receive adult services from the DD Board.
- I have an immediate family member who is eligible to receive residential or supported living services from the DD Board.
- I have an ownership interest in the \_\_\_\_\_ agency which has a contract with the DD Board. The nature of this ownership interest is as follows:  
\_\_\_\_\_
- I have an immediate family member who has an ownership interest in the \_\_\_\_\_ agency which has a contract with the DD Board. The nature of this ownership interest is as follows:  
\_\_\_\_\_
- I have a contract with the \_\_\_\_\_ agency which has a contract with the DD Board. The nature of the contract is as follows:  
\_\_\_\_\_
- I have an immediate family member who has a contract with the \_\_\_\_\_ agency which has a contract with the DD Board. The nature of the contract is as follows:  
\_\_\_\_\_
- I am a board member or employee of the \_\_\_\_\_ agency which is licensed or certified by the Ohio Department of DD and which provides services to individuals with DD.

<sup>1</sup> "Immediate Family Member" includes the following: parents, grandparents, brothers, sisters, spouses, sons, daughters, aunts, uncles, mothers-in-law, fathers-in-law, brothers-in-law, sisters-in-law, sons-in-law, and daughters-in-law.

- I have an immediate family member who is a board member or employee of the \_\_\_\_\_ agency which is licensed or certified by the Ohio Department of DD and which provides services to individuals with DD.
- I am a board member or employee of the \_\_\_\_\_ agency which is not licensed or certified by the Ohio Department of DD Board, which provides services to individuals with DD and which is under contract with the DD Board.
- I have an immediate family member who is a board member or employee of the \_\_\_\_\_ agency which is not licensed or certified by the Ohio Department of DD, which provides services to individuals with DD and which is under contract with the DD Board.
- I am an elected public official in the following position: \_\_\_\_\_
- I have an immediate family member who is currently on the DD Board.
- I am currently an employee of a DD Board.
- I was an employee of a DD Board and terminated my employment with the \_\_\_\_\_ DD Board on \_\_\_\_\_.
- I have an immediate family member who is currently an employee of the DD Board.
- I have an immediate family member who is currently a county commissioner for Lucas County.

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Date

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Signature

Board Adopted:	11/21/05
Board Revised:	09/19/11
Revised:	03/22/12
Revised:	09/10/12