



Wyoming Developmental Disabilities Advisory Council Membership Application

Thank you for your interest in becoming part of the Developmental Disabilities Advisory Council!

The Developmental Disabilities Advisory Council (DDAC) exists by authority of W.S. 9-2-107(a) for the purpose of advising the Wyoming Department of Health, Developmental Disabilities Section (Section) staff on formulating and amending rules, policies, and procedure relating to Section programs and activities. The purpose of DDAC is to assist and advise the Section in implementing a statewide service delivery system for persons who are identified as having developmental and intellectual disabilities, and acquired brain injuries (ABI).

DDAC is comprised of twelve members, each of whom holds the position for three years. DDAC membership is made up of the following representation:

- Two members must represent legally authorized agents of a person with a developmental or intellectual disability, or an ABI.
- One member must be a self-advocate.
- Two members must represent Wyoming public or private providers of developmental or intellectual disability services, or ABI services.
- One member must be a Case Manager providing services for a person with a developmental or intellectual disability, or an ABI.
- One member must represent the State educational agency.
- One member must represent the Department of Workforce Services, Division of Vocational Rehabilitation.
- One member representing each of the three branches of the Administration on Developmental Disabilities, i.e. Wyoming Governor's Council on Developmental Disabilities (WGCDD), Protection and Advocacy, Inc., and Wyoming Institute on Disabilities (WIND).
- One member will be the Executive Director representing the Wyoming Community Service Providers.

DDAC meets four times per year. Attendance by conference call is permitted. DDAC members are appointed by the Director of the Wyoming Department of Health and serve without compensation. You may find a copy of DDAC's current by-laws on the Section's website at: <https://health.wyo.gov/healthcarefin/dd/dd-advisory-council/>.

To be considered for DDAC membership, please complete the following application and submit it to Shirley Pratt at shirley.pratt@wyo.gov, or mail the application to:

Wyoming Department of Health
Attn: Shirley Pratt
122 W. 25th Street, 4 West
Cheyenne, WY 82002

If you have questions regarding DDAC or this application, please contact Shirley Pratt at shirley.pratt@wyo.gov or call (307) 777-2525 or (800) 510-0280.



Wyoming Developmental Disabilities Advisory Council Membership Application

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Home/Cell Phone: _____ Work Phone: _____

What is your interest in being on the DD Advisory Council?

What position are you applying to fill?

Legal representative of a person with DD/ABI

Self Advocate

IDD/ABI Service Provider

Case Manager

Occupation, profession, or position (please include employer's name):

Education (please list degrees, schools and dates):

Please provide a brief summary of your work experience:

Please list any Boards, Commissions or other organizations to which you currently belong, as well as offices held:

Please list any circumstances that may restrict your availability to serve, if any:

Not Applicable

Please feel free to provide us with any additional information you believe would assist us in our appointment process. Use additional sheets if necessary. Letters of recommendation are welcome but are not a requirement.

Additional pages attached

I certify that all information contained on this application is true and complete to the best of my knowledge. I understand any misrepresentations or falsifications may result in removal of appointment.

Signature _____ Date _____