

**LAWRENCE COUNTY DEVELOPMENTAL DISABILITIES
MEMBER APPOINTMENT DECLARATION**

I, _____, *[potential board member's name]* am willing to serve as a member of the Lawrence County Developmental Disabilities Board (referred to as the DD Board). Pursuant to the requirements of Section 5126.024 of the Ohio Revised Code, and 5126.022 of the Ohio Revised Code, I make the following declaration:

1. I am a citizen of the United States.
2. I am a resident of Lawrence County.
3. I am interested and knowledgeable in the field of mental retardation and other allied fields.

Check all that apply:

☒ I have an immediate family member¹ who is eligible to receive early intervention services or services for preschool or school age children from the DD Board.

☐ I am, or 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 _____ (*company*), which has a contract with the DD Board². The nature of this relationship with this entity is as follows:

☐ I have an immediate family member who has an ownership interest in _____ (*company*), which has a contract with the DD Board². The nature of this relationship with this entity is as follows:

☐ I am under contract with _____ (*company*), which has a contract with the DD Board². The nature of the relationship with that entity as follows:

☐ I have an immediate family member who is under contract with _____ (*company*), which has a contract with the DD Board². The nature of this relationship to the entity is as follows:

Important: Complete both sides and sign.

¹ Immediate family means parents, grandparents, brothers, sisters, spouses, sons, daughters, uncles, aunts, mothers-in-law, fathers-in-law, brothers-in-law, sisters-in-law, sons-in-law and daughters-in-law. This definition applies to all of Chapter 5126, effective 9/15/2014.

² Checking this item will require that a determination be made regarding a potential conflict of interest.

Important: Complete both sides and sign.

- ☐ I am an elected public official in the following position: _____
- ☐ I have an immediate family member who is currently on the Lawrence County DD Board.
- ☐ I am currently an employee of a DD Board.
- ☐ I was an employee of the Lawrence County DD and terminated my employment with the DD Board on the following date: _____. (Must be more than four years before this term will begin.)
- ☐ I was an employee of another County DD Board and terminated my employment with the DD Board on the following date: _____. (Must be more than two years before this term will begin.)
- ☐ I have an immediate family member who is currently an employee of the Lawrence County DD Board.
- ☐ I have an immediate family member who serves as a county commissioner for Lawrence County and I was not a member of the Lawrence County DD Board before October 31, 1980.

Date: _____ Signature: _____