



325 West State Street, Building A, Suite 2, Georgetown, Ohio 45121 Telephone: 937-378-4891 Fax: 937-378-3585

## Board Member Eligibility Declaration

Declaration of Eligibility Prior to Appointment or Reappointment to a County Board of DD

I, \_\_\_\_\_, make the following declaration in accordance with R. C. 5126.024:

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

**Circle Yes or No in response to the following statements in accordance with R. C. 5126.024:**

Yes/No I am or have an immediate family member who is eligible to receive early intervention services or services for preschool or school age children from the DD Board.

Yes/No I have an immediate family member who is eligible to receive adult services from the DD Board.

Yes/No I am or have an immediate family member who is eligible to receive residential or Supported Living Services from the DD Board.

Yes/No I or my immediate family member have an ownership interest in \_\_\_\_\_, an agency that has a contract with the board. The nature of this ownership interest is as follows: \_\_\_\_\_

Yes/No I or my immediate family member has a contract with \_\_\_\_\_, and agency that has a contract with the board. The nature of the contract is as follows: \_\_\_\_\_

Yes/No I am an elected public official, other than a township trustee, township fiscal officer, or individual excluded from the definition of public official or employee in R. C. 102.01(B).

Yes/No I have an immediate family member who is a member of the board.

Yes/No I am an employee of the board

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Yes/No I am an employee of another county board of developmental disabilities.

Yes/No I have an immediate family member of an employee of the board.

Yes/No I am a former employee of the board and my employment ceased less than four calendar years before I would begin to serve as a member of the board.

Yes/No I am a former employee of another county board of developmental disabilities and my employment ceased less than two years before I would begin to serve as a member of the board.

Yes/No I am a board member or an employee of an agency licensed or certified by the Ohio Department of Developmental Disabilities to provide services to individuals with developmental disabilities. **If you answer “yes,” please identify the agency and explain whether a conflict of interest exists.**

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Yes/No I have an immediate family member who is a board member or an employee, an agency, licensed or certified by the Ohio Department of Developmental Disabilities to provide services to individuals with developmental disabilities.

**If you answered “yes,” please identify the agency and explain whether a conflict of interest exists.**

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Yes/No I have an immediate family member who serves as a county commissioner of the county served by the board.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Received by Appointing Authority:

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

TITLE: \_\_\_\_\_

*NOTE: “Immediate family” means parents, grandparents, brothers, sisters, spouses, sons, daughters, aunts, uncles, mothers-in-law, fathers-in-law, brothers-in-law, sisters-in-law, and daughters-in-law (definition from Ohio Revised Code 5126.01).*