

**APPLICATION FOR APPOINTMENT OR RE-APPOINTMENT TO THE  
PORTAGE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES**

I, \_\_\_\_\_, seek appointment or reappointment (circle one) as a member of the Portage County Board of Developmental Disabilities (hereinafter referred to as the PCBDD). Pursuant to the requirements of §5126.022, 5126.023, 5126.024, and 5126.026 of the Ohio Revised Code, I make the following sworn declaration:

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

*Check all which apply:*

**Family Relationships:**

- ☐ I have an immediate family member who is eligible to receive early intervention services or services for preschool or school-aged children from the PCBDD.
- ☐ I have an immediate family member who is eligible to receive adult services from the PCBDD.
- ☐ I have an immediate family member who is eligible to receive residential or supported living services from the PCBDD.

**Possible Conflicts:**

- ☐ I have an ownership interest in the \_\_\_\_\_, an entity, which has a contract with the PCBDD. The nature of this ownership interest is as follows:

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

- ☐ I have a contract with the \_\_\_\_\_, an entity, which has a contract with the PCBDD. The nature of that contract is as follows:

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

- ☐ I have an immediate family member who has a contract with \_\_\_\_\_, an entity which has a contract with the PCBDD. The nature of that contract is as follows:

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

- ☐ I am a board member or employee of the \_\_\_\_\_ entity which is licensed or certified by the Ohio Department of Developmental Disabilities (DODD) and which provides services to individuals with developmental disabilities.
- ☐ I have an immediate family member who is a board member or employee of the \_\_\_\_\_ entity which is licensed or certified by the DODD and which provides services to individuals with developmental disabilities.
- ☐ I am a board member or employee of the \_\_\_\_\_ entity, which is not licensed or certified by the Ohio DODD, which provides services to individuals with developmental disabilities and which is under contract with the PCBDD.
- ☐ I have an immediate family member who is a board member or employee of the \_\_\_\_\_ Entity which is not licensed or certified by the Ohio DODD, which provides services to individuals with developmental disabilities and which is under contract with the PCBDD.
- ☐ I am an elected public official in the following position: \_\_\_\_\_.
- ☐ I have an immediate family member who is currently on the PCBDD.
- ☐ I am currently an employee of the PCBDD.
- ☐ I was an employee of the PCBDD and terminated by employment with the PCBDD on the following date: \_\_\_\_\_.
- ☐ I have an immediate family member who is currently an employee of the PCBDD.
- ☐ I have an immediate family member who is currently a county commissioner for \_\_\_\_\_ County.

**Personal Qualifications:**

Do you have professional training and experience in:

- ☐ Finance
- ☐ Law
- ☐ Health Care Practices
- ☐ Personnel Administration
- ☐ Government Service

Please describe for the above any training or experience, include dates of such activity, dates and entity you served and description of what you did.

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*Check If Applicable:*

- ☐ I am or was a member of PCBDD

Dates of services: \_\_\_\_\_

- ☐ I have not served 3 consecutive terms on PCBDD within the last two (2) years.

- ☐ I have not been convicted or pled guilty to a Felony or Misdemeanor. If yes, Court where offense was adjudicated; year of charge or disposition; and Case Number.

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

## DECLARATION

I declare pursuant to ORC 5126.024 that I am eligible for appointment or re-appointment to the PCBDD. I further declare to my appointing authority:

- (1) That no circumstance described in section 5126.023 of the Revised code exists that bars the applicant from serving on the county board;
- (2) Whether the applicant or an immediate family member of the applicant has an ownership interest in or is under contract with an agency contracting with the county board, and, if such an ownership interest or contract exists, the identity of the agency and the nature of the relationship to that agency;
- (3) Any additional considerations you would like to add: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(A copy of ORC 5126.023 is attached for your reference.)

## WARNING

After first being duly sworn I, \_\_\_\_\_, the applicant swear that all information in my application is true.

\_\_\_\_\_  
Applicant's Signature

Sworn to before me and in my presence by \_\_\_\_\_, the applicant, that the foregoing statements are true as (s)he verily believes this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Important: Complete all pages and sign

### **5126.023 Persons who may not serve on a county board of developmental disabilities.**

None of the following individuals may serve as a member of a county board of developmental disabilities:

(A) An elected public official, except for a township trustee, township fiscal officer, or individual excluded from the definition of public official or employee in division (B) of section 102.01 of the Revised Code;

(B) An immediate family member of a member of the same county board;

(C) An employee of any county board;

(D) An immediate family member of an employee of the same county board;

(E) A former employee of a county board whose employment ceased less than four calendar years before the former employee would begin to serve as a member of the same county board;

(F) A former employee of a county board whose employment ceased less than two years before the former employee would begin to serve as a member of a different county board;

(G) Unless there is no conflict of interest, an individual who or whose immediate family member is a board member of an agency licensed or certified by the department of developmental disabilities to provide services to individuals with developmental disabilities or an individual who or whose immediate family member is an employee of such an agency;

(H) An individual with an immediate family member who serves as a county commissioner of a county served by the county board unless the individual was a member of the county board before October 31, 1980.

Amended by 131st General Assembly File No. TBD, HB 158, §1, eff. 10/12/2016.

Amended by 129th General Assembly File No. 127, HB 487, §101.01, eff. 9/10/2012.

Amended by 128th General Assembly ch. 127, SB 79, §2, eff. 10/6/2009.

**Prior History:** (2005 SB10 09-05-2005; 2006 HB699 03-29-2007)

## AUTHORIZATION

I hereby authorize Portage County Commissioners or Senior Probate Judge to use the following information to have a criminal background check performed for the purpose of my application to be a member of PCBDD only.

Applicant's Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

S.S.N.: \_\_\_\_\_

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

\_\_\_\_\_  
Applicant's Signature

cc:     Applicant  
         Appointing Authority  
         Superintendent PCBDD

LETTER FOR REAPPOINTMENT  
SEE ORC 5126.026

President  
Portage County Board of Developmental Disabilities  
Address

In re: \_\_\_\_\_

Dear President \_\_\_\_\_:

Pursuant to ORC 5126.026 I am writing you this letter concerning the reappointment of  
\_\_\_\_\_ to the Portage County Board of Developmental Disabilities.

Can you tell me whether \_\_\_\_\_ meets the requirements of  
ORC 5126.022 and 5126.018 (if necessary).

How many full terms of the Board has \_\_\_\_\_ served?

Any other comments you would like to share?

\_\_\_\_\_  
Appointing Authority