



Utah Developmental
Disabilities Council™

2026 Council Membership Application

Applications are due by April 15, 2026

The Utah Developmental Disabilities Council is seeking applicants for a limited number of new members to be appointed to the Council for a three-year term beginning October 1, 2026. Applications open January 1, 2026, and close April 15, 2026.

Completed applications can be emailed to:

UDDC@utah.gov

or mailed to:

Utah Developmental Disabilities Council

1385 S State Street

Ste 433

Salt Lake City, UT 84115

Please call 801-245-7350 to speak to Council staff regarding any technical assistance needs, including additional formats.

Utah Developmental Disabilities Council

Establishment

The Utah Developmental Disabilities Council was established by the Federal Developmental Disabilities Assistance and Bill of Rights Act of 2000 (P.L. 106-402) and Executive Order from Utah's Governor.

Mission Statement

The Utah Developmental Disabilities Council supports and empowers people with intellectual and developmental disabilities to achieve inclusive, meaningful, and self-determined lives in their communities through its ongoing support of leadership, education, policy, and advocacy actions.

Council Membership

The Council consists of citizens with developmental disabilities, family members, and representatives from State and private organizations concerned with the provision of services to people with developmental disabilities. Most Council members are citizens who are appointed by the Governor for a maximum of two three-year terms, up to six years.

The full Council meets four times (quarterly) throughout the year. In addition, members are required to serve on at least one committee, which may communicate by phone or email outside of council meetings. Members are expected to review materials and information sent by Council staff in preparation for meetings. Accommodation can be provided for individuals needing support to prepare for and attend council meetings.

Functional Definition of Developmental Disabilities

Council members from the individual, parent or guardian, and immediate family member categories must meet the functional definition of developmental disabilities.

A developmental disability is a severe, chronic disability of a person which:

1. occurs in people of all racial, ethnic, educational, and economic backgrounds;
2. is attributable to a mental or physical impairment or combination of mental and physical impairments;
3. is manifested before the individual attains age 22;
4. is likely to continue indefinitely;
5. results in substantial functional limitations in three or more of the following areas of major life activity:
 - a. self-care,
 - b. receptive and expressive language,
 - c. learning,
 - d. mobility,
 - e. self-direction,
 - f. capacity for independent living,
 - g. and economic self-sufficiency; and,
6. reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

Application for Council Membership

Personal Information

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

County: _____

Home Phone: _____ Alternative Phone: _____

Email Address: _____

The following information helps us comply with federal laws:

I self-identify:

Female Male Gender identity not listed, or I use a different term

Ethnicity:

American Indian/Alaska Native Asian/Pacific Islander Hispanic, Latino or Spanish Origin

Black/African American White/Caucasian Other _____

Please check either "yes" or "no" for each of the following:

I am a:

A) Person with a developmental disability (DD)* Yes _____ No _____

*If yes, do you now or have you ever lived in an institution (such as the Utah State Developmental Center or an intermediate care facility)? Yes _____ No _____

B) Parent/guardian of a child under 18 years old who has a DD? Yes _____ No _____

C) Immediate family member/guardian of an adult who has a DD? Yes _____ No _____

If yes, is the adult who has a DD unable to advocate for himself/herself, even with support? ** Yes _____ No _____

**If yes, has the adult who has a DD ever lived in an institution (e.g. the Utah State Developmental Center or an intermediate care facility)?

Yes _____ No _____

D) Member or employee of a local and/or non-governmental agency, or a non-profit group concerned with services for persons with DD and their families in Utah.

Yes _____ No _____

Name of Agency _____

E) Employed by a State agency that provides services for children and/or adults with developmental disabilities, including a University Center for Excellence (UCEDD) or Protection and Advocacy system (P&A).

Yes _____ No _____

Name of Agency _____

I would like to be considered for a non-voting position (Liaison) in lieu of a Governor-appointed position.

Yes _____ No _____

*(Please refer to the federal definition of 'developmental disability' available on pages 1 and 2.)

** (Please note that an immediate relative or guardian of an adult with a developmental disability may only be considered for Council membership if that adult is unable to advocate for himself/herself.)

Questionnaire:

Please respond to any/all the following questions on the following pages that apply to you. You may use the back of these pages, a separate document, or a typed response if you prefer.

Do you feel you will be able to make the necessary time commitment involved in being a member of the Utah DD Council?

Yes _____ No _____

1) Please tell us a little about yourself and your experience in the disability community.

2) Why do you want to be a member of the Utah DD Council?

3) What strengths and/or skills will you bring to the Council?

****The following information will be kept private and
Separate from your application. ****

Conflict of Interest

Do you know of any conflict of interest that would prevent you from serving on the Council? (i.e., employed by an agency that receives DD Council funding, a family member of an individual benefiting from Council decisions, etc.) Yes_____ No_____

Please specify any possible conflicts below.

References

Please provide a reference we can contact for a recommendation. These should be individuals who know you personally and/or professionally and would be able to comment on the strengths, skills and experience you would contribute as a member of the Council.

Name: _____

Phone: _____

Email: _____

How do you know this individual? : _____ -

Resume is required.

Please attach a current resume to this completed application or you can email it separately to uddc@utah.gov