



## West Virginia Olmstead Council Membership Application

The mission of the Olmstead Council is to develop and monitor the implementation of a plan that will promote equal opportunities for people with disabilities to live, learn, work and participate in the community of their choice through West Virginia's compliance with *Title II of the Americans with Disabilities Act*.

The purpose of the Council is to carry out its responsibilities specified in the *West Virginia Olmstead Plan: Building Inclusive Communities* as approved by Governor Manchin on October 12, 2005 through Executive Order 11-05.

The Council specific responsibilities are:

1. Advise the Olmstead Coordinator in fulfilling the position's responsibilities;
2. Review the activities of the Olmstead Coordinator;
3. Provide recommendations for the long-term care institutional and community-based support systems;
4. Issue position papers for the identification and resolution of systemic issues; and
5. Monitor, revise, and update the *Olmstead Plan* and any subsequent work plans.

The Council meets quarterly in Charleston, WV. Currently the Council meets on the first Thursday of February, May, August, and November of each year. This schedule is subject to change.

In addition, members participate on committees to assist with carrying out the duties of the Council. Currently the Council has an Executive Committee, Membership Committee and Work Plan Committee.

Membership for the Council consists of nine (9) people with disabilities and/or immediate family members; eleven (11) advocacy or disability organization representatives; nine (9) providers of home and community-based services and/or supports; and eight (8) state agency representatives.

Members who have a disability or immediate family members must meet the definition of disability as defined by the *Americans with Disabilities Act (ADA)* and have direct experience with the long-term care system.

Reimbursement for travel and stipends for participation are available to support active participation on the Council and for Council activities.

## West Virginia Olmstead Council Application for Membership

Name: \_\_\_\_\_

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

City, County and Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Applicants are requested to voluntarily disclose the following information for the purpose of filling specific Council vacancies.

PLEASE CHECK THE ONE THAT MOST APPROPRIATELY DESCRIBES YOU:

I have a disability as defined by the *Americans with Disabilities Act (ADA)*. Please describe your disability:

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Please describe any home and community-based services you receive:

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I am the immediate family member to someone with a disability as defined by the *ADA*. Please describe your family member's disability:

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Please describe any home and community-based services received by your family member:

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I am a representative of an advocacy or disability organization (not providing direct services). Please list your title and the name the organization you represent:

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I am a representative of a community provider of the  I/DD Waiver,  A/D Waiver, or  TBI Waiver. Please list your title and the name of your agency or company.

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Please describe your experiences and tell us your philosophy about the need for people with disabilities to have access to home and community-based services.

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Please tell us about any disability organizations, boards, councils, or groups that you are a member of and your experiences with those groups.

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Please tell us why you are interested in becoming an Olmstead Council member.

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Please provide us with the names of two people we can contact as references for you to serve on the Olmstead Council.

Name	Daytime phone number	How the person knows you

If selected, I agree to actively participate in the Council’s regular meetings and committee to promote the right of people with disabilities to live in the most integrated setting in the community.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return application to the Olmstead Office.

Mail: Olmstead Office, State Capitol Complex, Building 6, Room 817-B, Charleston, WV 25305      Fax: 304-558-1992      Email: Carissa.A.Davis@wv.gov