



**DECLARATION BY MEMBER OF
PREBLE COUNTY BOARD OF DD**

I, _____ (Name of board member) am a member of the
_____ County Board of Developmental Disabilities (referred to as the “DD Board”). Pursuant
to the requirements of §5126.024 of the Revised Code, I make the following declaration:

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.

Check all which apply:

- I 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.
- 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 the _____ agency, which has a contact with the DD Board. The nature of this ownership interest is as follows:

- I have an immediate family member which has an ownership interest in the _____ agency, which has a contract with the DD Board. The nature of this ownership interest is as follows:

- I have a contract with the _____ agency which has a contract with the DD Board. The nature of the contract is as follows:

- I have an immediate family member that has a contract with the _____ agency which has a contract with the DD Board. The nature of the contract is as follows:

“Immediate family” means parents, grandparents, brothers, sisters, spouses, sons, daughters, aunts, uncles, mothers-in-law, fathers-in-law, sisters-in-law, sons-in-law, and daughters-in-law. This definition applies to all of Chapter 5126

- I am a board member or employee of the _____ agency which is licensed or certified by the Ohio Department of Developmental Disabilities and which provides services to individuals with DD.
- I have an immediate family member who is a board member or employee of the _____ agency which is licensed or certified by the Ohio Department of Developmental Disabilities and which provides services to individuals with DD.
- I am a board member or employee of the _____ agency, which is not licensed or certified by the Ohio Department of Developmental Disabilities, which provides services to individuals with DD and which is under contract with the DD Board.
- I have an immediate family member who is a board member or employee of the _____ agency which is not licensed or certified by the Ohio Department of Developmental Disabilities, which provides services to individuals with DD and which is under contract with the DD Board.
- I am an elected public official in the following position: _____ .
- I have an immediate family member who is currently on the DD Board.
- I am currently an employee of the DD Board.
- I was an employee of the DD Board and terminated my employment with the DD Board on the following date: _____.
- I have an immediate family member who is currently an employee of the DD Board.
- I have an immediate family member who is currently a county commissioner for _____ County.

Date

Signature