



**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 for  
reappointment:

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