

**DECLARATION BY MEMBER OF/CANDIDATE FOR THE
DEFIANCE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES**

I, _____, am a member of/candidate for the Defiance County Board of Developmental Disabilities ('Board'). Pursuant to the requirements of ORC 5126.024, I make the following declaration:

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

Check all which apply:

- I have an immediate family member¹ who is eligible to receive Early Intervention Services or services for preschool or school-age children from the Board.
- I have an immediate family member who is eligible to receive Adult Services from the Board.
- I have an immediate family member who is eligible to receive Residential or Supported Living Services from the Board.
- I have an ownership interest in the _____ agency which has a contract with the Board. The nature of this ownership interest is as follows:

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

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

¹Immediate family member means parent, grandparent, brother, sister, spouse, son, daughter, aunt, uncle, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, and daughter-in-law.

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

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

Signature