The purpose of Independent Living is to promote a philosophy of consumer control, peer support, self-help, self-determination, equal access, and individual and systems advocacy, in order to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities, and the integration and full inclusion of individuals with disabilities into the mainstream of American society.

Every state is federally mandated pursuant to the Rehabilitation Act to have a Statewide Independent Living Council.

Duties and Authorized Activities of the Statewide Independent Living Council:

• Develop the State Plan for Independent Living Services and Centers for Independent Living In conjunction with the Centers for Independent Living (CILs);

• Monitor, review, and evaluate the implementation & effectiveness of that State plan;

• Hold regular meetings that are open to the public; (this Council meets 4 times per year)

• Coordinate activities with other public and private entities in Ohio that provide services to individuals with disabilities and facilitate long-term community-based services & supports;

• Conduct resource development activities to support the SILC or CILs; and

• Carryout other activities consistent with the purpose of Chapter 1 (see above,) and with other duties and authorities, as the Council determines to be appropriate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | County |  |
| Address |  | | | Email |  |
|  |  | | | Phone |  |
| City |  | State |  | Zip |  |

|  |  |
| --- | --- |
| What is your preferred/alternate means of communication? |  |

|  |  |
| --- | --- |
| In order to ensure diversity and compliance with federal composition requirements, please select all that apply: | |
|  | I am an individual with a disability, as defined in the Rehabilitation Act\* |
| \*Under the Rehabilitation Act, the following definition of "an individual with a disability" applies for purposes of this disclosure: Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, or has a record of such impairment, or is regarded as having such an impairment. | |
|  | I am a parent or a guardian of an individual with a disability. |
|  | I am an employee of a Center for Independent Living in the State of Ohio. |
|  | I am an employee of an agency of the State of Ohio. |
|  | I am a concerned citizen seeking more active involvement with disability issues. |
|  | I am an individual from a rural community. |
|  | I am an individual from a marginalized community. |

|  |  |  |
| --- | --- | --- |
| Please list two references who may recommend your appointment to the Council | | |
| Name | Organization / Relationship to you | Contact information |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Please review and answer the following questions, so that our Council members may learn more about your potential involvement with Ohio SILC. | |
| **Why are you interested in being a part of our Council?** | |
|  | |
| **Please describe your personal and/or professional experiences with disability and Independent Living:** | |
|  | |
| **Please tell us why you would make a good Council Member and representative of the community of individuals with disabilities in Ohio:** | |
|  | |
| Questions regarding the Council/process as well as completed applications can be sent to: | |
| Jeremy Morris, Executive Director  670 Morrison Road  Suite 200  Gahanna, Ohio 43230 | Phone:614-892-0390  Fax: 614-861-0392  jmorris@ohiosilc.org |

Application Checklist:

Governor’s Office Boards and Commissions Application

Resume

|  |  |
| --- | --- |
|  |  |
| Signature of Nominee (typed if submitted electronically) | Date |