

2026 IDDEAS Advisory Council Application

Thank you for your interest in joining the IDDEAS Advisory Council!

The IDDEAS Advisory Council provides feedback to Denver Human Services (DHS) about the needs of Denver residents with intellectual and developmental disabilities (I/DD). DHS IDDEAS then uses the council's feedback to fund community-informed services and programs.

If you need help completing this application, please contact IDDEAS at IDDEAS@denvergov.org or 720-944-2782. (Note: printable copies are also available to download at denvergov.org/iddeas.)

At IDDEAS, we care about diversity and inclusion! We hope to create a council that represents the diversity of Denver including gender, age, race/ethnicity, and geographic demographics. Any information shared for this application is voluntary. Your information will be kept confidential within DHS and will only be used for Council recruitment purposes.

Please send your completed application by Email to IDDEAS@denvergov.org, or mail physical copies to: DHS IDDEAS Program, 1200 Federal Blvd, Denver, CO 80204

You have the right to get help with spoken or written language, sign language interpretation, live captioning, or accommodations for disabilities. If you need any of these services, you can ask for them by emailing iddeas@denvergov.org at least three business days before you need them. You won't be charged for these services.

1. Your Full Name: _____

2. Email address: _____

3. Home address (where you live): _____

4. Phone Number: _____

5. Do you have an intellectual or developmental disability (if you aren't sure, please contact us at IDDEAS@denvergov.org): Yes No

6. What is your gender identity? _____
Please enter 'Prefer not to say' if you do not wish to answer.

7. What pronouns do you use? _____

8. Please select **your** age range (pick one):

- 18-21
- 22-59
- 60 or older

9. If you are a parent or caregiver of someone with an I/DD; OR work with an individual with I/DD, what are the age range(s) of your child or the person/people you work with or care for? If you work or care for multiple people in different age ranges, please select all that apply.

0 – 2 years old

22 – 59 years old

3 – 17 years old

60 years or older

18 – 21 years old

N/A

10. What is your race / ethnicity? _____

Please enter 'Prefer not to say' if you do not wish to answer.

11. What language(s) do you prefer to use? _____

12. Is there anything else about your identities or details about yourself that you would like us to know? *This is optional.*

13. The IDDEAS Advisory Council bylaws state: “The members of the Council will make a good faith effort to represent the diversity of the community.” What does that mean to you? How would you carry out that responsibility as an appointed Council member?

14. Why do you want to join the IDDEAS Advisory Council?

15. Tell us about your personal or professional experiences that you think would help you contribute to serving on the IDDEAS Advisory Council.

16. Do you or any of your immediate family members receive income from, or serve on the board of, any organizations that currently receive IDDEAS mill levy funding or could potentially apply for it in the future? If yes, please describe the connection.

17. Feel free to include any other materials you want, such as a resume, pictures, or other supporting documents. To send any additional documents, please either:

- Email IDDEAS@denvergov.org
- mail physical copies to:
DHS IDDEAS Program
1200 Federal Blvd
Denver, CO 80204