

PARTNERS IN POLICYMAKING®

Advocacy Training Program

Application for Participation

Application instructions

Partners in Policymaking® participants and graduates are people with developmental disabilities or parents of young children with developmental disabilities with a desire to improve and increase community based services for persons with developmental disabilities. Program participants attend and participate in six two-day advocacy training and skill building workshops. These sessions run between January and June.

Completion of this application and selection for the Partners in Policymaking® program requires a substantial commitment of time, motivation, and energy.

If accepted, I, _____ agree to the conditions for participation in Partners in Policymaking® and understand that it is an initiative of the Louisiana Developmental Disabilities Council. Under this agreement, a competency based leadership training program will enable participants to maximize their abilities to advocate for appropriate supports and services that will increase the independence, productivity, and full inclusion in the community of people with developmental disabilities in Louisiana.

The Louisiana Partners in Policymaking® (PIP) application form is attached. Before answering any questions, please read ALL instructions, ALL of the questions, the signature page instructions, AND the eligibility definitions, submission, selection, and ALL important information included on this form.

Applicants must complete ALL sections of the PIP application and return it to the Louisiana Developmental Disabilities Council. **Applications must be received by the Louisiana Developmental Disabilities Council no later than September 30th** to be considered for next year's class.

Applications may be submitted by e-mail, by fax, by U.S. Mail, or by direct delivery.

If you have any questions or need assistance or accommodations to complete this PIP application form, please contact the Louisiana Developmental Disabilities Council as indicated on the last page of this application form.

Background Information

Name _____
LAST FIRST MIDDLE INITIAL

Address _____ Apt. No. _____

City _____ ZIP _____

Home Phone (____) _____ Cell Phone (____) _____

Email _____

2. Are you? MALE FEMALE

3. Ethnic background [optional]: African American Caucasian Hispanic
 Asian-Pacific Islander American Indian Other _____

4. YES NO Have you applied for a previous Partners' class?
If yes, year(s): _____

To answer questions 5, 6, and 7, see "Developmental Disabilities Defined" on page 4

5. YES NO Are you a **PERSON** with a developmental disability?
a. If yes, what is your disability? _____
b. Your age _____
c. Your age at onset of disability? (Birth, age) _____

6. YES NO Are you a **PARENT** of a **YOUNG CHILD** with a developmental disability?
COMPLETE ONLY FOR YOUR CHILD WITH A DEVELOPMENTAL DISABILITY: [If there is more than one child with a developmental disability please provide this information for each child on a separate sheet.]
a. Child's name _____
b. Child's age _____
c. Child's gender MALE FEMALE
d. Child's age at onset of the disability _____
e. What is the disability? _____
f. List services [school, respite, support coordination, etc.] your child currently receives: _____
g. Describe the school placement _____
h. Does your child live at home with you? YES NO
If not, where? _____

7. Indicate whether the following major life activities are affected by your or your child's disability.

YES NO Self-Care

YES NO Self-direction

YES NO Receptive and expressive language

YES NO Learning

YES NO Capacity for independent living

YES NO Mobility

YES NO Economic self-sufficiency

Developmental Disabilities Defined

Developmental disabilities occur in people of all racial, ethnic, educational, and economic backgrounds. A developmental disability is a severe, chronic disability of a person which is:

(A) IN GENERAL- The term `developmental disability' means a severe, chronic disability of an individual that—

(i) is attributable to a mental or physical impairment or combination of mental and physical impairments;

(ii) is manifested before the individual attains age 22;

(iii) is likely to continue indefinitely;

(iv) results in substantial functional limitations in 3 or more of the following areas of major life activity:

- (I) Self-care.
- (II) Receptive and expressive language.
- (III) Learning
- (IV) Mobility
- (V) Self-direction
- (VI) Capacity for independent living
- (VII) Economic self-sufficiency and

(v) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

(B) INFANTS AND YOUNG CHILDREN-An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting 3 or more of the criteria described in clauses (i) through (v) of subparagraph (A) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

PIP Participation Requirements and Required Signature

If accepted into the Partners in Policymaking® program, I, _____ agree to:

1. Participate in **ALL** six (6) **MANDATORY** two-day weekend Partners in Policymaking® training sessions, including completion of all activities, tasks, classroom assignments and/or homework assignments. Sessions will begin Friday afternoon and conclude late Saturday afternoon;
2. **NOT** invite spouses, other family members, guests, or others to attend the weekend training sessions, with the exception of the graduation ceremonies;
3. Arrive on time to each session and stay at the hotel until the weekend sessions are over as follows:
 - Friday, Day One - 12:00 pm - 9:00 pm
 - Saturday, Day Two - 8:30 am - 3:00 pm
4. Review supplemental materials and complete all homework assignments within specified timelines;
5. Complete and submit evaluation forms prior to leaving each weekend session for each presenter and/or presentation for each session;
6. Show competencies through actions during and between weekend sessions, such as letter writing, phone calls, participation at local/state meetings, presenting testimony, and writing news articles. Maintain and submit records of these actions and records of contacts that relate to or result from the participation in Partners in Policymaking®, such as news media, public officials, action alerts, service organizations and/or community programs, phone calls, public presentations/speeches, meetings attended, organizations joined;
7. Avoid consuming, or being under the influence of, alcohol or other non-prescribed narcotics immediately preceding and during session hours of 12:00 pm – 9:00 pm on Fridays and 8:30 am – 3:00 pm on Saturdays. This includes breaks.
8. Submit completed reimbursement form with original receipts within 7 days of each weekend training session;
9. Choose (with guidance from Partners in Policymaking® advisors) a public policy project to be completed by February of the following year, such as an internship with a public official, establishing/maintaining regular communication with a public official about a specific disability related issue, organizing petition/letter writing campaigns, presenting testimony, or organizing meetings with public officials.

Initial the following:

___ I certify that all of the information provided in this application is complete and accurate to the best of my knowledge and has been voluntarily disclosed.

___ I give permission for the Louisiana Developmental Disabilities Council to share the answers to the questions on this application with PIP staff, PIP applicant interview panels, and the PIP selection committee.

___ If selected, I permit the Louisiana Developmental Disabilities Council and/or any of its relevant initiatives (i.e. LaCAN, Families Helping Families, People 1st, LaTEACH, etc.) to use photographs, videos, and/or statements of me and/or my family member(s) in Louisiana Developmental Disabilities Council publications and publicity material.

___ If selected, I understand that my failure to comply with any of the requirements listed may result in my release from the program.

Signature: _____ **Date:** _____

Print Name: _____

All selected Participants can expect the LA Developmental Disabilities Council through the PIP program to:

1. Provide face-to-face best practices and state-of-the-art information available from national and state experts in the field of developmental disabilities;
2. Provide reading materials, suggestions and resources to familiarize participants with a wide range of topics related to developmental disabilities and with information specific to identified areas of interest;
3. Provide role play and direct experiences to assist participants in their abilities to influence public policy at the local, state and federal levels;
4. Reimburse approved travel costs to and from weekend training sessions (mileage is reimbursed at the rate of \$0.25/mile);
5. Provide lodging on a **double occupancy basis**;
6. Reimburse up to \$100/ weekend for non-covered respite services, personal assistant services, and facilitator services, (**This does not apply if you receive waiver services**); and
7. Process all reimbursement payments within 30 days of receipt.

PIP Applicant Information

(Please use extra pages if necessary.)

1. Please share a little about yourself and your family.

2. Please share your views on community inclusion and integration.

3. What does the word advocacy mean to you? Please give an example of how you have advocated for yourself or others.

4. What is something you would like to see change in the current service delivery system? Please be specific and give details.

5. Please list any activity, membership, and/or office held in advocacy organizations. (This is not a requirement for participation)

6. Explain why you want to participate in Partners in Policymaking®.

7. What disability issue/concern is of particular interest to you and what are your ideas to address this issue?

8. Tell us something that you have done which shows you can complete a long term project and share information.

9. What do you hope to gain from Partners in Policymaking[®]?

10. YES NO Will you make a firm commitment to participate in **ALL** six mandatory two-day weekend sessions in Baton Rouge and complete **ALL** assignments?

11. Please tell us how you learned about Partners in Policymaking[®].

12. Please list three references and have each reference complete the attached questionnaire on pages 10 - 11.

Questionnaires must be submitted with the completed application.

Reference's Name	Phone Number	E-mail Address

13. If anyone helped you prepare this application, please provide his or her name, address and phone numbers:

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____

The following two questions are not part of the selection process and will not be shared with the selection committee. However, if selected, this information allows appropriate planning for any accommodations to ensure all participants are successful in PIP.

1. YES NO Are there any special disability accommodations necessary for you to participate in this program? If yes, please describe them (accessibility, interpreters, respite, and assistance to understand written materials, personal care attendant, or other accommodations).

2. YES NO Do you have any special dietary needs? If yes, please describe them.

Partners in Policymaking[®] applicant questionnaire

(Please use extra pages if necessary.)

The following questionnaire is to be completed and signed by a personal or professional reference who has known you for a minimum of one year.

1. How long have you known the applicant?

2. What is your relationship to the applicant?

3. YES NO Don't Know Does he/she participate in community activities?
If yes, what?

4. YES NO Don't Know Has the applicant been involved in advocacy activities?
If yes, what?

5. YES NO Don't Know Has the applicant ever completed a long- term project?
If yes, what?

6. YES NO Don't Know Do you feel the applicant believes in the full Inclusion of people with developmental disabilities in all aspects of the community?
Why do you feel this way?

7. YES NO Don't Know Do you feel the applicant has the commitment necessary to complete **ALL** six **MANDATORY** two-day weekend Partners in Policymaking[®] training sessions?

8. YES NO Don't Know Partners requires participants to complete written class and homework assignments. Do you feel the applicant possesses the determination to complete these assignments?

9. Partner's participants are expected to network with their classmates as well as legislators and policymakers. Please describe the applicant's skills in social networking?

10. Please provide any other comments/information that you feel will be helpful in considering this applicant for Partners in Policymaking[®].

11. Please provide any additional comments that you feel would help the DD Council in their selection of this person for the PnP class.

By signing below, I certify that all of the information provided in this questionnaire is complete and accurate to the best of my knowledge and has been voluntarily disclosed.

Signature: _____ **Date:** _____

Print Name: _____

APPLICATION CHECKLIST AND SUBMISSION INSTRUCTIONS

Did you remember to do these things?

- Complete **ALL** sections of the application? Applications with incomplete sections and/or background information will **NOT** be considered.
- Include three completed questionnaires.
- Include any additional pages.

On or before the deadline of **September 30th**, please mail or fax all pages this application and any attachments to:

Louisiana Developmental Disabilities Council
Attn: Partners in Policymaking®
P.O. Box 3455
Baton Rouge, LA 70821 – 3455

Phone: 225-342-6803
Toll Free: 1-800-450-8108
Fax: 225-342-1970
www.laddc.org

For questions or information, please contact:

Robbie Gray, Program Monitor
225-342-6803
robbie.gray@la.gov

or

Liz Gary, Partner's in Policymaking Coordinator
504-858-8633
partners_coordinator@charter.net

Revised 6/2010