

Partners in Policymaking®

—An Initiative of the LA Developmental Disabilities Council—

Application for Participation

Partners in Policymaking is an initiative of the Louisiana Developmental Disabilities Council (Council). Partners is a comprehensive leadership training program that will enable participants to maximize their abilities to advocate for appropriate supports and services designed to increase the self-determination, independence, productivity, and full inclusion of people with developmental disabilities in all facets of community life in Louisiana.

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 expand the system of supports that enable persons with developmental disabilities to be fully included in their communities. 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.

Class Schedule

Session 1: January 9 -11, 2020

Session 2: February 7 - 8, 2020

Session 3: March 6 – 7, 2020

Session 4: April 3 - 4, 2020

Session 5: May 8 – 9, 2020

Session 6: June 5 - 6 , 2020

Weekend sessions begin with check-in at 12:00 p.m. on the first day and end at 3:00 p.m. on the second day. Double occupancy rooms (you will be roomed with another class member) and meals will be provided. Sessions are held at Embassy Suites, 4914 Constitution Avenue, Baton Rouge, LA 70808.

Attendance is required at each weekend session. Will you make a time commitment of two days, one weekend a month (January through June), for six months? YES NO

Applicants must complete ALL sections of the PIP application and submit it to the Council office no later than September 30th to be considered for next year's class.

Applications may be submitted via online application or by e-mail, fax, or U.S. Mail.

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.



***Applicants or their child must have a developmental disability according to the definition included in the Developmental Disabilities Assistance and Bill of Rights Act of 2000, PL106-402.**

Please review the federal definition of Developmental Disabilities below and initial the statement at the bottom of this page.

(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.

Initial the following:

_____ I certify that I have read the definition of developmental disabilities and understand that this must apply to me and/or my child in order to be considered for the Partners in Policymaking program.



Background Information

Name _____, _____, _____
LAST FIRST MIDDLE INITIAL

Address _____ Apt. No _____

City _____, LA ZIP _____

Home Phone _____ Cell Phone _____

Email _____

1. Gender? MALE FEMALE

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

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

4. Are you a **PERSON** with a developmental disability? YES NO
a. Age _____
b. Disability/Diagnosis _____
c. Your age at onset of disability? (Birth, age) _____

5. Are you a **PARENT** of a **YOUNG CHILD** with a developmental disability?
 YES NO

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. Disability/Diagnosis _____
d. Child's Gender MALE FEMALE
e. Child's age at onset of disability _____
f. Does your child live at home with you?
 YES NO

If not, where? _____



6. Check how the disability affects you or your child.

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Cognitive |
| <input type="checkbox"/> Sensory | <input type="checkbox"/> Emotional/ Behavioral |
| <input type="checkbox"/> Other _____ | |

7. Are you or your son/daughter receiving or waiting for services by the Regional Human Services District or Authority, Office for Citizens with Developmental Disabilities, or Office of Behavioral Health? ___ YES ___ NO

a. If Yes, check all that apply to you or your child (receiving the service or on a waiting list to receive the service):

- | | |
|---|--|
| <input type="checkbox"/> New Opportunities Waiver | <input type="checkbox"/> Supports Waiver |
| <input type="checkbox"/> Children's Choice | <input type="checkbox"/> Individual/Family Support |
| <input type="checkbox"/> Flexible Family Fund | <input type="checkbox"/> EarlySteps |
| <input type="checkbox"/> EPSDT | |
| <input type="checkbox"/> Other: _____ | |

b. If No, why have you or your son/daughter not been determined eligible for these services?

c. If you or your child has not applied for eligibility for any of these services, please explain why.

8. Is your son/daughter receiving special education services? ___ YES ___ NO

If yes, please describe. _____

9. How does your disability or your child's disability affect your daily life, his/her daily life or the daily life of your family? _____

10. Please tell us a little about yourself and your family, including information on other natural supports who would provider care to your son/daughter while you are at Partners' session. _____



11. Please share your views on people with disabilities being fully included in their communities.

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

13. Why do you want to participate in Partners in Policymaking and what do you hope to gain?

14. Identify one or two specific disability related problems that are of particular interest to you. If you have any ideas to address these issues, please share.

15. How did you learn about Partners in Policymaking?

FHF Center Newspaper Advocacy Group

EarlySteps OCDD office DD Council

Facebook LaCAN

Partners graduate(s) _____

Individual _____

Other _____

16. Please list 2 references and their appropriate information below.

Reference's Name _____

Phone Number _____

Email Address _____

Reference's Name _____

Phone Number _____

Email Address _____

17. 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 _____



APPLICATION CHECKLIST AND SUBMISSION INSTRUCTIONS

Did you remember to do these things?

- Complete **ALL** sections of the application?
- Include any additional pages.

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

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

Phone: 225-342-6804
Toll Free: 1-800-450-8108
Fax: 225-342-1970
www.laddc.org

For questions or information, please contact:

Marilee Andrews, Program Monitor
225-342-6804
marilee.andrews@la.gov

or

Liz Gary, Partners in Policymaking Coordinator
504-858-8633
partners_coordinator@charter.net

