

# Partners in Policymaking®

Application for Participation 2010

- Mr.  
 Mrs. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Ms.

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Daytime Number: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

1. Are you a person with a **developmental disability\*** (see definition on page 3 of application)?

- Yes       No      Age: \_\_\_\_\_

If yes, please describe the disability (or disabilities) then go to question #4: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you the parent of a child with a **developmental disability\*** (see definition on page 3 bottom of the application)?

- Yes       No      Age(s): \_\_\_\_\_

Do you have more than one child with a disability?

- Yes       No

If yes,

a. Describe the disability and how it affects the ability of your child to function in at least (3) of the areas of major life activity (Part "D" of the definition). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. What services (school, respite care, case management, etc.) is your child currently receiving? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Describe the school placement: \_\_\_\_\_

\_\_\_\_\_

d. Does your child live at home?  Yes       No

3. Do you have other children?  Yes       No

If yes, what are the ages? \_\_\_\_\_

4. Why are you interested in participating in the Partners in Policymaking Program? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Is there a specific issue, area of concern, or problem that encourages you to apply for this program?  Yes  No. Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Will you make a commitment to attend the eight 2-day sessions in the year 2010 as follows: **February 19-20, March 5-6; April 9-10; May 22-23; June 18-19; July 23-24; August 20-21; September 10-11?**  
 Yes  No
7. Are you willing to do homework assignments?  Yes  No
8. Are there any accommodations that you need to participate in this program?  
 If yes, please check all that apply and/or write the types of accommodations that you need:  
 Attendant  
 Physical Accessibility (Please describe) \_\_\_\_\_  
 Child Care  
 Interpreter: \_\_\_\_\_  
 Alternative Formats for Learning Materials (Please describe):  
 \_\_\_\_\_  
 Respite Care
9. Please list any membership in advocacy organizations and indicate any office held. **It is important to note that membership is not a requirement for participation in the Partners program.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. What types of experiences have you had advocating for people with developmental disabilities? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. Please tell us a little about your life experience, education and, special interests: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Please list two references:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

13. Please indicate how you learned about the Partner in Policymaking® program:

\_\_\_\_\_

I verify that I have read and completed this application to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail form to:

Delaware Developmental Disabilities Council  
Margaret M. O'Neill Building, 2<sup>nd</sup> Floor  
410 Federal St., Suite 2  
Dover, Delaware 19901  
Phone: 302-739-3333  
Fax: 302-739-2015  
Web: [www.ddc.delaware.gov](http://www.ddc.delaware.gov)

**\*Definition of a Developmental Disability**

The term "developmental disability" means a severe, chronic disability of a person which (a) is attributable to a mental or physical impairment or a combination of mental and physical impairments; (b) is manifested before the person attains age twenty-two; (c) is likely to continue indefinitely; (d) **results in substantial functional limitations in three or more of the following areas of major life activity: self care, receptive and expressive language, learning mobility, self-direction, capacity for independent living, and economic self-sufficiency**; and (e) reflects the person'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; except that such term when applied to infants and young children means individuals from birth to age 9, inclusive, who have substantial developmental delay or specific congenital or acquired condition, with a high probability of resulting in developmental disabilities if services are not provided.

\*Source: Developmental Disabilities Assistance and Bill of Rights Act of 2000 (P.L. 106-402).