

b. What kinds of support services or technology services/devices do you use or do you receive?

2. Are you a parent of a child with a developmental disability*? Yes No

a. If yes, what services do you, your family or child receive from the State of Delaware, and/or the city/county where you live?

b. Please check one in each column for each child with a developmental disability*:

Child #1		Child #2		Child #3	
Age	Disability	Age	Disability	Age	Disability
Birth-3	Physical	Birth-3	Physical	Birth-3	Physical
3-7	Cognitive	3-7	Cognitive	3-7	Cognitive
7-10	Emotional/ Behavioral	7-10	Emotional/ Behavioral	7-10	Emotional/ Behavioral
10-14	Sensory	10-14	Sensory	10-14	Sensory
14+	Other_____	14+	Other_____	14+	Other_____

c. Please specify for each child, their disability and provide information on how it affects their daily life and your family's daily life.

d. Please provide specific information on how the diagnosis or disability affects your access to necessary or needed services.

e. Is/are your child(ren) receiving special education services? Yes No

If yes, please describe those services:

4. Identify one or two specific problems or issues that are of greatest concern to you.

5. Weekend sessions begin with check-in at noon on the first day, and end at 4:00 p.m. on the second day. The sessions are held at the Hilton Garden Inn, 1706 N. DuPont Highway, Dover, Delaware. Attendance is required at each session.

a. Will you make a commitment of two days, one weekend per month, for the eight months between April and November of 2020? Yes No

b. If you are employed, have you made the necessary arrangements with your employer so you can attend all sessions? Yes No

6. If you have a disability, what accommodations do you need to help you actively participate in the weekend sessions (such as wheelchair access or larger print)?

7. Do you require interpreter services (such as signing or language translation)?

Yes No

If yes, please specify which type of service:

8. If you are a parent, will you use respite/childcare services so you can participate in the program? Yes No

9. If you are a person with a disability, will your personal care attendant be attending with you? Yes No

Please Note: The program **does not** provide on-site respite/childcare or personal care attendant services. Reimbursement **may** be provided if no other funds are available. Eligibility for reimbursement will be determined on an individual basis. You are responsible for all documentation & receipts related to reimbursement. You will receive a 1099 tax form for all reimbursements over \$600.

10. Are you a member of, do volunteer work for, or involved with any advocacy organizations? Yes No

If yes, please list each organization and the role(s) you play:

11. Please tell us about yourself and your family.

If you are employed, tell us about your job and the type of work you do:

b. If you are attending school, tell us about your field of study and the types of classes you are taking:

c. In what type of community/volunteer activities are you involved?

d. What are some of your personal interests?

f. Please share any life experiences that have been special joys or challenges for you, your child or your family:

12. Please tell us why you want to participate in Partners in Policymaking:

13. How did you learn about the Partners in Policymaking program?

Your signature and date are required to complete the application:

Signature:

Date:

Definition of Developmental Disability

The definition of "Developmental Disability" is provided to help you complete your application.

According to the Developmental Disabilities Assistance Bill of Rights Act, the term "Developmental Disability" means a severe, chronic disability of an individual that:

- Is attributable to a mental or physical impairment or a combination of mental and physical impairments.
- Is manifested before the individual attains age 22.
- Is likely to continue indefinitely.
- Results in substantial functional limitations in three or more of the following areas of major life activity:

Self-care

Receptive (understanding) and expressive language

Learning

Mobility (ability to move)

Self-direction (motivation)

The capacity for independent living

Economic self-sufficiency and

Reflects the individual's need for a combination and sequence of special, interdisciplinary or generic services, individual supports or other forms of assistance which are of a lifelong or extended duration and are individually planned and coordinated.

Infants and Young Children: an individual from birth to age nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria (above) if the individual, without services and supports, has a high probability of meeting those criteria later in life.