

Pilot Parents of Southern Arizona
Announces

Partners in Policymaking

A **FREE** Leadership Training
for self-advocates & parents of children with disabilities

Partners in Policymaking is an innovative leadership training program for parents of children with disabilities and for adults with disabilities. The program is designed to provide information, training, resources and skill building to people with a disability and the parents of children with disabilities so that they can become better advocates for themselves or their children. Partners in Policymaking provides participants with opportunities to meet and talk to national and state leaders in the disability advocacy field.

Participants will have an opportunity to meet and unite with others who have similar concerns to create a powerful voice on important issues. Participants learn how the legislative process works at the local, state and national levels. The goal of the training is to develop productive partnerships between people who need and use services and those in a position to make policy and law.

Topics To Be Addressed

History of the Disability Movement
Inclusion & Quality Education
IEP Participation
Community Supports
People First Language
Early Intervention
Person Centered Planning
Assistive Technology
State & Federal Policy
Legislative Process
Planning for Transitions
Organizing for Change



Who Should Apply?

- Adults with disabilities
- Parents of children with disabilities from ages birth to adulthood

Dear Applicant,

Attached is your copy of the Partners in Policymaking application. **Before you take the time to complete this application, please consider carefully the time commitment involved in participating in this program. Our financial obligation to train participants for this program is substantial, therefore your total time commitment is extremely important to us.**

Below are listed the items and commitments expected from you and also the items and commitments that the Partners Program will provide for you.

Pilot Parents may:

- Pay for shared hotel room
- Provide meals
- Pay for travel to the program (carpools will be organized & mileage paid only to driver)
- Pay for respite care for children if needed at a pre-arranged rate
- Pay for attendant care while at the program at a pre-arranged rate

Applicant will commit to:

- Attending all sessions being held in Chandler, Arizona
- Completing all homework assignments
- Keep Pilot Parents of Southern Arizona / Partners in Policymaking Coordinator informed as to advocacy activities after graduation
- Utilizing skills attained through the Partners Program
- Only the individual selected to participate may attend sessions in Chandler
- Must be a resident of Arizona and a U.S. Citizen
- Not have attended any other Partners Program

This application will go before a statewide selection committee who will consider national criteria when selecting the participants.

Good Luck!

PILOT PARENTS OF SOUTHERN ARIZONA PRESENTS

Partners in Policymaking

A FREE Leadership Training Program

TENTATIVE DATES FOR 12TH CLASS: 2008-2009

Session 1: History

September 19-20, 2008 (Friday & Saturday)

Session 2: Education/Inclusion

October 17-18, 2008 (Friday & Saturday)

Session 3: Support Coordination/State Programs

November 14-15, 2008 (Friday & Saturday)

Session 4: State System Change

January 9-10, 2009 (Friday & Saturday)

Session 5: Assistive Technology

February 6-7, 2009 (Friday & Saturday)

Session 6: Family & Community Support

March 6-7, 2009 (Friday & Saturday)

Session 7: Federal System Change

April 3-4, 2009 (Friday & Saturday)

Tentative session times:

Friday 1PM-9PM & Saturday 8:30AM-4PM

APPLICATION DEADLINE IS

JUNE 27, 2008

To receive an application call or FAX:

Pilot Parents of Southern Arizona

1-520-324-3150

Toll Free 1-877-365-7220

FAX 1-520-324-3152

Complete and mail to:

Pilot Parents of Southern Arizona

2600 North Wyatt Drive

Tucson, AZ 85712

Notification of acceptance/decline will be by

August 1, 2008



Funded through the Division of Developmental Disabilities District II, Governor's Council on Developmental Disabilities, Department of Health Services, Institute for Human Development and Arizona Center for Disability Law.

PARTNERS IN POLICYMAKING
APPLICATION FOR PARTICIPATION
(PLEASE PRINT LEGIBLY)

NAME Last: _____ First: _____ Initial: _____

Street Address: _____ Apt. # _____

City: _____ County: _____ State: AZ ZIP _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-Mail _____

Ethnic Background: (Please Circle) Caucasian Hispanic African-American Asian
Native-American Other _____

Are you a legal resident of Arizona? Yes ___ No ___ Are you a U.S. Citizen? Yes ___ No ___

TO BE COMPLETED IF YOU ARE APPLYING AS
A PARENT/GUARDIAN/FAMILY MEMBER
OF AN INDIVIDUAL WITH A DISABILITY

1. Are you a parent, guardian and/or family member of an individual with a developmental disability? (See definition of developmental disabilities on the last page of this application.) Yes ___ No ___

2. Please list child/children with a disability/disabilities.

Name	Age	Relation
Disability		
Name	Age	Relation
Disability		
Name	Age	Relation
Disability		

3. Describe the disability/disabilities for each child and how it affects the ability of your family member to function.

4. Does your family member(s) receive special education services? Yes ___ No ___
 What is their category of eligibility within the school system? _____
 What services do they receive? _____
 What School District do you reside in? _____

**TO BE COMPLETED IF YOU ARE APPLYING AS
 A SELF-ADVOCATE/ADULT WITH A DISABILITY**

1. Are you applying as an adult with a disability? Yes ___ No ___
 2. Do YOU receive DDD services? Yes ___ No ___
 3. Are you your own guardian? Yes ___ No ___
 Guardian's Name _____ Phone () _____
 4. Please describe your disability.

5. Please tell us about yourself.
- _____

ALL APPLICANTS SHOULD COMPLETE THE REST OF THIS APPLICATION

1. Which Division of Developmental Disabilities District are you in? I II III IV V VI
 2. Name of DDD Support Coordinator _____
 3. Phone Number of Support Coordinator (_____) _____
 4. Your State Representatives are:
 State Representative: _____ District: _____
 State Representative: _____ District: _____
 State Senator: _____ District: _____
 U.S. Representative: _____ District: _____
 U.S. Senator: _____ District: _____
 U.S. Senator: _____ District: _____
 5. How did you learn of the Partners in Policymaking Program? _____
 6. Have you attended any other Partners in Policymaking trainings? Yes ___ No ___

7. Please list current volunteer activities.

8. Please include two letters of character reference that can be contacted by the Selection Committee (not family members). Be sure to include telephone numbers

Reference #1 Name _____ Phone _____

Reference #2 Name _____ Phone _____

Letter #1 Attached: Yes _____ No _____ Letter #2 Attached: Yes ___ No _____

9. Please tell us why you think you should be chosen for Partners in Policymaking?

10. Any other information about your or your family that you would like to include? (Include extra pages if needed)

ACCOMMODATIONS: Please circle & fill in information that is appropriate

Do you understand spoken English? Yes No Do you read English? Yes No

Will need interpreter for _____ language. Will need sign interpreter? Yes No

Will need large print or Braille format? Yes No

Dietary: Will need special dietary requirements (Diabetes, allergies, etc.) Please explain:

Transportation:(please circle)

Will need carpool to attend sessions? Yes No Will have my own transportation? Yes No

Will be happy to have others ride with me? Yes No Can accommodate _____ individuals.

Will need wheelchair accessible transportation to attend session? Yes No

Will need wheelchair accessible room? Yes No with/without roll in shower? Yes No

*Attendant Care for **Self-Advocates**:* (please circle)

Will need attendant care at sessions?	Yes	No
Will have own attendant at sessions and will share room?	Yes	No
Attendant will need separate room?	Yes	No
Have DDD eligibility?	Yes	No

Respite: Respite is only reimbursed for the family member(s) with the disability.
(please circle)

I will need respite care for my family member(s) who have special needs? Yes No

Number of family members w/disabilities? _____

Providers Name _____ Provider Phone () _____

Eligible for DDD Respite? Yes No

If accepted to the program, you will need to talk with your Support Coordinator

All Other Respite: I have a family member or a regular agency respite provider that would be willing to care for your family member with a disability if paid for by the Partners Program?
(This person may not be a spouse) Yes No

National Definition of Developmental Disabilities

The term developmental disability means a severe, chronic disability of an individual that:

- A. is attributable to a mental or physical impairment or a combination of mental and physical impairments;
- B. is manifested before the individual attains age 22;
- C. is likely to continue indefinitely;
- D. results in substantial functional limitations in three or more of the following areas of major life activity:
 - 1. self care;
 - 2. receptive and expressive language;
 - 3. learning;
 - 4. mobility;
 - 5. self-direction;
 - 6. capacity for independent living; and
 - 7. economic self-sufficiency; and
- E. “reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.”

Source: Developmental Disabilities Assistance and Bill of Rights Act as Amended (Public law 103-230 Section 10295)

Please note that in Arizona, eligibility for DDD is more narrow than this definition. This description is not used for DDD eligibility.

Mail application and direct inquiries about this program to the address below:

**Partners in Policymaking
Pilot Parents of Southern Arizona
2600 North Wyatt Drive, Tucson, AZ 85712
Toll Free: 1-877-365-7220
(520) 324-3150**