

Partners in Policymaking Application for Participation

Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

County: _____

Home Telephone: (____) _____ Work/Alternative Telephone: (____) _____

State Representative: _____ District: _____

State Senator: _____ District: _____

U.S. Representative: _____ District: _____

U.S. Senator: _____ District: _____

1. Are you a parent of a son or daughter with a developmental disability? (Please indicate if you have more than one child with a disability. See definition of developmental disabilities on the last page of this application).

No

Yes (If yes, age of child/children: _____)

a. Describe the disability and how it affects the ability of your son/daughter to function in at least three (3) of the areas of major life activity (see "D" of definition):

b. What services (school, respite care, case management) is your son/daughter currently receiving?

c. Describe your child's school placement: _____

2. Do you have other children? Yes No

3. Are you a person with a disability? Yes No

4. Why are you interested in participating in the Partners in Policymaking project? Is there a specific issue, area of concern, or problem that encouraged you to apply for this program?

5. Will you make a time commitment of approximately one Saturday per month? Yes No

Attendance at all sessions is mandatory. The sessions will begin in September 2001 and run through June 2002. The training dates to be announced.

6. Sessions will be held in Des Moines. Is there any reason why you would not be able to travel to Des Moines? Yes No

7. Are there any accommodations necessary for you to participate in this program?
 Yes No

If yes, please check which of the following accommodations will be necessary for you to participate:

- Accessibility – Please describe needs: _____
- Interpreters
- Respite Care
- Child Care for Siblings
- Alternative Formats for Learning Materials – Please describe needs: _____
- Personal care attendant
- Other (please specify): _____

8. Do you currently belong to any advocacy organizations? If so, please list organizations and offices held. Membership is not a requirement. _____

9. Please tell us a little about yourself and your family: _____

10. Please list 2 references:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____

11. Please indicate how you learned about the Partners in Policymaking project:

12. My hometown newspaper is (name and city): _____

Please Note: The following information is optional. The information is being requested because the Partners Project strives to achieve balance of men/women, individuals with disabilities/parents of young children with disabilities, representation from all areas of the state, and cltural diversity.

Gender: Male Female Age: _____

Race/Ethnicity: African-American Hispanic Asian
 Native American Caucasian Other: _____

Developmental Disability Definition

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 102(5)]

Inquiries about this program can be directed to:

Ann Hunt
Governor's Developmental Disabilities Council
617 East Second Street
Des Moines, Iowa 50309
800-452-1936
515-281-9082
515-281-9087 (fax)
abaule@dhs.state.ia.us
<http://www.state.ia.us/government/ddcouncil/>