

# Partners in Policymaking Application for Participation

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

County: \_\_\_\_\_

Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Work/Alternative Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

1. Are you a person with a developmental disability? (See definition of developmental disabilities on the last page of this application).  Yes  No

2. Are you a family member of a person with a developmental disability? (See definition of developmental disabilities on the last page of this application).  Yes  No

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

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b. What services (school, respite care, case management) do you or your family member currently receive? \_\_\_\_\_

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3. 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?

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

- **Attendance at all sessions is expected.**
- **The sessions will begin in September 2001 and run through June 2002.**
- **Training dates to be announced.**

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

6. Are there any accommodations you need 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):

7. Do you currently belong to any advocacy organizations?  Yes  No  
If so, please list organizations and offices held. Membership is not a requirement.

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

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

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

9. Please list 2 references:

Name: \_\_\_\_\_

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

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Friend

Newspaper

Brochure

Former Partners In Policymaking participant

Other: \_\_\_\_\_

11. My newspaper is (name and city): \_\_\_\_\_

**Please Note: The following information is optional.** The information is being requested because the Partners Project strives to achieve a balance of men/women, individuals with disabilities/family members, representation from all areas of the state, and cultural 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)]

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### **Inquiries about this program can be directed to:**

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