



Delaware Partners in Policymaking
Class of 2016
Application for Participation

Class Schedule: All sessions are held Friday and Saturday of the stated dates

February 19 – 20, 2016	June 10 – 11, 2016
March 18 – 19, 2016	July 15 – 16, 2016
April 15 – 16, 2016	August 19 – 20, 2016
May 20 – 21, 2016	September 16 – 17, 2016

Location: Hilton Garden Inn – Dover ■ 1706 N. DuPont Highway, Dover, DE 19901

APPLICATION DEADLINE: December 18, 2015

NOTE: Participants must be at least 18 years of age, a Delaware resident and commit to attend all Partner sessions. We seek diverse applicants of varied ethnic backgrounds and from all regions of the state.

TO APPLY: You may view and complete this application on line at www.ddc.delaware.gov/policymaking/. Or, you may print out a copy and complete the application. Please PRINT IN INK. See Page 5 for instructions on how to submit your application by US mail, e-mail or FAX.

Name _____

Street Address _____

City _____

County _____

State _____

Zip Code _____

Home Phone: _____

Work Phone: _____

Cell/Other Phone: _____

Email: _____

Date of Birth: _____

Do you have access to a computer with internet connection? Yes No

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

a. If so, please specify your disability and provide information on how it affects your daily life:

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 son/daughter receive from the 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
<input type="checkbox"/> Birth - 3	<input type="checkbox"/> Physical	<input type="checkbox"/> Birth - 3	<input type="checkbox"/> Physical	<input type="checkbox"/> Birth - 3	<input type="checkbox"/> Physical
<input type="checkbox"/> 3 –7	<input type="checkbox"/> Cognitive	<input type="checkbox"/> 3 –7	<input type="checkbox"/> Cognitive	<input type="checkbox"/> 3 –7	<input type="checkbox"/> Cognitive
<input type="checkbox"/> 7 –10	<input type="checkbox"/> Emotional/ Behavioral	<input type="checkbox"/> 7 –10	<input type="checkbox"/> Emotional/ Behavioral	<input type="checkbox"/> 7 –10	<input type="checkbox"/> Emotional/ Behavioral
<input type="checkbox"/> 10 –14	<input type="checkbox"/> Sensory	<input type="checkbox"/> 10 –14	<input type="checkbox"/> Sensory	<input type="checkbox"/> 10 –14	<input type="checkbox"/> Sensory
<input type="checkbox"/> 14+	<input type="checkbox"/> Other _____	<input type="checkbox"/> 14+	<input type="checkbox"/> Other _____	<input type="checkbox"/> 14+	<input type="checkbox"/> Other _____

c. Please specify for each child, his/her disability and provide information on how it affects his/her daily life and that of your family. _____

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

Is your son/daughter receiving special education services? Yes No
If yes, describe those services. _____

3. Do you or does your son/daughter meet the federal definition of a person with a developmental disability? (See the definition on the last page of this application.) Yes No
If yes, describe any required support services. _____

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

5. Weekend sessions begin with check-in on the first day at noon, and end on the second day at 4:00 pm. The sessions are held at the Hilton Garden Inn, 1706 No. DuPont Hwy., Dover, DE. Double occupancy rooms (you will room with another class member) and meals are provided.

a. Attendance is required at each session. Will you make a commitment of two days, one weekend per month, for the eight months between February and September 2016?

YES NO

b. If you are employed, have you talked with your employer about session attendance and made necessary arrangements so you can attend all weekend 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 specific type of service: _____

8. If you are a parent, will you use respite/child care services so you can participate in the Partners Program?

YES NO

9. If you are a person with a disability, will you use personal care attendant services during the sessions?

YES NO

NOTE: The Program does not provide on-site respite/child care or personal care attendant services. Reimbursement will be provided if no other funds are available.

10. Are you currently a member of, do volunteer work for, or are involved with an advocacy organization?

YES NO If yes, please list each organization and the role(s) you play.

11. Please tell us about yourself and your family.

a. If you are working, tell us about your job and the kind of work you do: _____

b. If you are in 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? _____

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

12. Tell us why you want to participate in the Partners in Policymaking program.

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

Your signature and date are required to complete the application.

Signature

Signed on (Date)

APPLICATION DEADLINE: December 18, 2015

You will be notified by January 24, 2016 regarding the status of your application.

How to submit your application

Mail your completed application to:

Partners in Policymaking – Steering Committee
c/o Kristin Cosden, Social Service Administrator
Developmental Disabilities Council
Margaret M. O’Neil Building – 2nd Floor
410 Federal St. – Suite 2
Dover, DE 19001

Email: Kristin.cosden@state.de.us

FAX: 302.739.2015

Web: www.ddc.delaware.gov/policymaking/

Need Help?

For assistance with questions, or to learn more about the Partners in Policymaking program, contact:

Karen S. Bell, Coordinator
Delaware Partners in Policymaking Program
Bell | Strategic Marketing Solutions

Email: karen.bell813@outlook.com

Phone: 610.256.4190



We invite you to become an advocate and agent of change for persons living with developmental disabilities. Complete your application today. The definition of “Developmental Disability” is provided to help complete your application.

Definition of “Developmental Disability”

According to the Developmental Disabilities Assistance and 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.