

**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
- Those who meet the above criteria who have had minimal advocacy training or experience

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 will:

- Pay for shared hotel room
- Provide all 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 activities after graduation
- Utilizing skills attained through the Partners Program
- Only the individual selected to participate may attend sessions at the hotel 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 10TH CLASS: 2006-2007

Session 1: History

October 13 & 14, 2006 (Friday & Saturday)

Session 2: Education/Inclusion

November 10 & 11, 2006 (Friday & Saturday)

Session 3: Support Coordination/State Programs

January 26 & 27, 2007 (Friday & Saturday)

Session 4: State System Change

February 23 & 24, 2007 (Friday & Saturday)

Session 5: Assistive Technology

March 23 & 24, 2007 (Friday & Saturday)

Session 6: Family & Community Support

April 20 & 21, 2007 (Friday & Saturday)

Session 7: Federal System Change

May 18 & 19, 2007 (Friday & Saturday)

APPLICATION DEADLINE IS

SEPTEMBER 1ST, 2006

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 October 2, 2006



Funded through the Division of Developmental Disabilities, District II and the Governor's Council on Developmental Disabilities

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? _____

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. Have you attended any other Partners in Policymaking trainings? Yes ___ No ___

6. 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. Please list current volunteer activities.

7. Please include two letters of character reference that can be contacted by the Selection Committee. (Not family Members) **Be sure to include telephone numbers**

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

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

ACCOMMODATIONS: Please 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: (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)

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: 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

Developmental Disabilities 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 10295)

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**