## West Virginia Partners in Policymaking Application

The purpose of Partners in Policymaking is to train West Virginians with developmental disabilities and parents of young children with developmental disabilities to become effective advocates for policies and programs affecting people with developmental disabilities. The following questions will help the Selection Committee to choose a group of participants who will reflect the diversity of our state's citizens with developmental disabilities.

Name		Date
Address		
City	Zip	County
Daytime Phone	Evening	Phone
E-mail		
A developmental disability is define to a mental or physical impairment age 22; is likely to continue is limitations in <b>three or more</b> of the care; (2) Receptive and expressive direction; (6) Capacity for independent reflects the individual's need for interdisciplinary, or generic service assistance that are of lifelong or each and coordinated. A child from <b>b</b> substantial developmental delay or be considered to have a developmental described in (D) (a) through has a high probability of meeting the	t, or combination indefinitely; re- e following areas language; (3) Indent living; (7) for a combination ces, individualizes extended duration oirth through a respecific congen- ental disability we h (g) if the child	n of both; manifested before the sults in substantial functional is of major life activity: (1) Self-Learning; (4) Mobility; (5) Self-Economic self-sufficiency; and ion and sequence of special, and sequence of special, and are individually planned age nine inclusive, who has a mital or acquired condition, may without meeting 3 or more of the l, without services and supports,
1. Are you a person with a development of onset? If no, pro	-	bility? Yes □ No □ If yes, age on #4.

Please provide information about how your disability affects your daily life:
What kinds of supports, services, or technology services/devices do you use or do you receive?
Are you a parent/guardian of a child with a developmental disability?  Yes  No  (If no proceed to question # 10).  Age of onset? Current age of son/daughter?
Please specify by child his/her disability and provide information about how their disability affects his/her daily life and that of your family.
Is your son/daughter receiving special education or 504 services? Yes $\square$ No $\square$
Does your son/daughter live at home? Yes $\square$ No $\square$
What non-school services are you or your child currently receiving (birth to three, employment, respite, case management, personal assistance service waiver, etc.)?

9. Identify one or two specific problems or issues that are of greatest concern t you.
Partners in Policymaking sessions are held on Friday and Saturday each mont beginning in September and running through April. Sessions will be held by virtual platform with the possibility that later in the program that there may be a in-person option available.
10. Do you have internet capacity to participate? Yes $\square$ No $\square$
11.Will you make a commitment to attend the eight 2-day sessions? Yes □ No □
12. Will you make a commitment to complete homework assignments betwee sessions? Yes □ No □
13.Please list any membership in advocacy organizations and indicate an office held. (Membership in organizations is not a requirement.)
14. What would make life better for you or your family member with disability?

15.How did you near ab	out Partners in Policymaking?			
16. Who are two people we may contact for references?				
1. Name:	Phone:			
Address:	Zip:			
2. Name:	Phone:			
Address:	Zip:			

If you need this application in an alternative format or you have any questions, please contact the WV DD Council. Please return the application by mail or email to the address below by June 30, 2021.

For more information about Partners in Policymaking and other training events offered by the WV Developmental Disabilities Council, visit our website: <a href="https://ddc.wv.gov">https://ddc.wv.gov</a>

TO BE CONSIDERED FOR THE PARTNERS IN POLICYMAKING PROGRAM, APPLICANTS MUST ANSWER ALL OF THE QESTIONS ON THE APPLICATION!

Christy Black, Advocacy Specialist/PIP Coordinator
WV Developmental Disabilities Council
110 Stockton Street
Charleston, WV 25387
E-mail address: Christy.D.Black@wv.gov
Phone: (304) 558-4185 (Phone)
(304) 558-0941 (Fax)