

# 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 \_\_\_\_\_

The term developmental disability is defined as a severe, chronic disability is attributable to a mental or physical impairment, or combination of mental and physical impairments; manifested before the individual attains age 22; is likely to continue indefinitely; results in substantial functional limitations in 3 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; (7) Economic self-sufficiency; and reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. A child from birth through age 9 who has a substantial developmental delay or specific condition either from birth or acquired, may be considered to have a developmental disability without meeting 3 or more of the criteria described in (D) (a) through (g) if the child, without services and supports, has a high probability of meeting those criteria later in life.

Do you have a developmental disability? Yes \_\_\_\_\_ No \_\_\_\_\_ If you have a disability what was the age of onset? \_\_\_\_\_ Please provide any additional information you wish to share about your disability.

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If you a person with a disability what is your date of birth \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_

Are you a parent/guardian of a young child with a developmental disability? Yes \_\_\_\_\_ No \_\_\_\_\_

Age of onset of the child's disability \_\_\_\_\_ Current age of your son/daughter \_\_\_\_\_

Describe your family member's disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe school placement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your son/daughter live at home? Yes \_\_\_\_\_ No \_\_\_\_\_

What services are you or your child currently receiving (employment, respite, case management, personal assistance service, etc.)? \_\_\_\_\_

\_\_\_\_\_

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Why are you interested in participating in the Partners in Policymaking Program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there a specific issue, area of concern, or problem that encourages you to apply for this program?

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What would life be like for you or your family member if the world was a better place for people with disabilities? \_\_\_\_\_

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Will you make a commitment to attend the eight 2-day sessions (Friday & Saturday) the months of September through May? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you travel to Charleston to attend the scheduled meetings? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Meals and lodging will be provided. Stipends for transportation, personal assistant service, and respite are available upon request).

Will you make a commitment to complete homework assignments between sessions?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any membership in advocacy organizations and indicate any office held. Membership in other organizations is not a requirement.

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What types of experience have you had in advocating for people with developmental disabilities?

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How did you hear about Partners in Policymaking? \_\_\_\_\_

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Who are two people we may contact for references?

1.Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

2.Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

**If you need this application in an alternative format or you have any questions please contact  
the WVDD Council. **Please return application to the address below by June 30, 2017.****

**WV Developmental Disabilities Council  
110 Stockton Street  
Charleston, WV 25387  
E-mail address: [Christy.D.Black@wv.gov](mailto:Christy.D.Black@wv.gov)  
Phone: (304) 558-0416 (Phone)  
(304) 558-0941 (Fax)**

For more information about Partners in Policymaking and other trainings and events offered by the  
WV DD Council, visit our website: [www.ddc.wv.gov](http://www.ddc.wv.gov)