

**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

Person Centered Planning

Assistive Technology

State & Federal Policy

Legislative Process

Planning for Transitions

Organizing for Change



## ***Who Should Apply?***

- Young adults (18-30 years of age) with developmental disabilities
- Parents of children with developmental disabilities from ages birth to adulthood

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 may:***

- Pay for shared hotel room (for participants outside Pima County)
- Provide meals
- Arrange carpools for travel to the program

### ***Applicant will commit to:***

- Attending all sessions being held in Tucson, Arizona
- Completing all homework assignments
- Keep Pilot Parents of Southern Arizona / Partners in Policymaking Coordinator informed as to advocacy activities after graduation
- Utilizing skills attained through the Partners Program
- Only the individual selected to participate may attend sessions in Tucson
- 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. Preference will be given to young adults ages 18-30 with a developmental disability, parents of young or school aged children with a developmental disability, and individuals served by the Arizona Division of Developmental Disabilities.

Good Luck!

**The Partners in Policymaking program is contingent upon continued funding.**

PILOT PARENTS OF SOUTHERN ARIZONA PRESENTS

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# Partners in Policymaking

A **FREE** Leadership Training Program

[TENTATIVE DATES FOR 14TH CLASS: 2010-2011](#)

[Session 1](#)

October 22-23, 2010 (Friday & Saturday)

[Session 2](#)

November 19-20, 2010 (Friday & Saturday)

[Session 3](#)

January 21-22, 2011 (Friday & Saturday)

[Session 4](#)

February 18-19, 2011 (Friday & Saturday)

[Session 5](#)

March 11-12, 2011 (Friday & Saturday)

[Session 6](#)

April 15-16, 2011 (Friday & Saturday)

Tentative session times:

Friday 9AM-5PM & Saturday 9AM-4PM

**APPLICATION DEADLINE IS**

**[August 31, 2010](#)**

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

September 20, 2010



Funded through the Arizona Division of  
Developmental Disabilities, District II.

PARTNERS IN POLICYMAKING  
**APPLICATION FOR PARTICIPATION**  
(PLEASE PRINT LEGIBLY)

**NAME Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Initial:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Apt. #** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** AZ **ZIP** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Ethnic Background:**   Caucasian           Hispanic           African-American           Asian  
Native-American   Other \_\_\_\_\_

**Are you a resident of the state of Arizona?**   Yes   No    **Are you a U.S. Citizen?**   Yes   No

\*Please attach a copy of your voter registration card with this application\*

TO BE COMPLETED IF YOU ARE APPLYING AS  
**A PARENT/GUARDIAN/FAMILY MEMBER**  
OF AN INDIVIDUAL WITH A DISABILITY

1. Are you a parent, guardian and/or family member of an individual with a developmental disability? (See definition of developmental disabilities on the last page of this application.)   Yes   No

2. Please list child/children with a disability/disabilities.

Name \_\_\_\_\_ Age \_\_\_\_\_ Relation \_\_\_\_\_

Disability \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relation \_\_\_\_\_

Disability \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relation \_\_\_\_\_

Disability \_\_\_\_\_

3. Describe the disability/disabilities for each child and how it affects the ability of your family member to function.

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Please list current volunteer activities.

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

Reference #1 Name \_\_\_\_\_ Phone \_\_\_\_\_

Reference #2 Name \_\_\_\_\_ Phone \_\_\_\_\_

Letter #1 Attached: Yes      No                      Letter #2 Attached: Yes      No

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

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

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**ACCOMMODATIONS:** Please circle & 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:

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**Transportation:** Pilot Parents will try to arrange carpools where there is more than one individual attending the program from a designated area.

I use wheelchair accessible transportation? Yes      No

**Overnight Accommodations:** (for participants outside of Pima County)

Will need wheelchair accessible room? Yes      No      with/without roll in shower? Yes      No

## National Definition of Developmental Disabilities

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)

*Please note that in Arizona, eligibility for DDD is more narrow than this definition. This description is not used for DDD eligibility.*

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**