**Application**

Partners in Policymaking® is an innovative leadership program created specifically to teach people with disabilities and the parents of young children with disabilities to:

• Become agents of long-term change.

• Be active partners with the policymakers whose decisions will shape their future.

• Dream about a future with possibilities.

Please use the following definition below when filling out questions number 1, 2a and 2b.

|  |
| --- |
| 1. The term **"developmental disability"** means a severe, chronic disability of an individual that—    1. is attributable to a mental or physical impairment or combination of mental and physical impairments;    2. is manifested before the individual attains age 22;    3. is likely to continue indefinitely;    4. results in substantial functional limitations in 3 or more of the following areas of major life activity: 2. Self-care. 3. Receptive and expressive language. 4. Learning. 5. Mobility. 6. Self-direction. 7. Capacity for independent living. 8. Economic self-sufficiency; and    1. 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. 9. INFANTS AND YOUNG CHILDREN.—An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting 3 or more of the criteria described in clauses i. through v. of paragraph A. if the individual, without services and supports, has a high probability of meeting those criteria later in life.   *-Developmental Disabilities Act (2000)* |

*Information on how to return the application is located on the last the page of the application.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: Click here to enter text. | | | | | | | | | | | | | | |
| Street Address: Click here to enter text. | | | | | | | | | | | | | | |
| City: Click here to enter text. | | | | | | | | | | | | | | |
| State: Click here to enter text. | Zip: Click here to enter text. | | | | | | | | | | | County: Click here to enter text. | | |
| Home Phone No: Click here to enter text. | | | | | | | | Work No. Click here to enter text. | | | | | | |
| Email Address: Click here to enter text. | | | | | | | | | | | | | | |
| Gender: | | | | Male | | Female ☐ | | | | | | | Date of Birth: Click here to enter text. | |
| Race/Ethnic  Background | | | | Choose an item. | | | | | | | | | | |
| 1. Are you a person with an intellectual or developmental disability? | | | | Yes ☐ | | | | | No ☐ | | | | | |
| If yes, please describe as listed in A (on page 1). Click here to enter text. | | | | | | | | | | | | | | |
| 2. Are you a parent of a child with an intellectual or developmental disability? | | Yes | | | No | | Child’s  Date of Birth  (MM/DD/YYYY): Click here to enter text. | | | | | | | |
| If Yes, What is your child’s disability or disabilities? Please describe as listed in A (on page 1). Click here to enter text. | | | | | | | | | | | | | | |
| b. Describe how the disability affects your child’s to function in at least three areas of major life activity as listed in A (on page 1) Click here to enter text. | | | | | | | | | | | | | | |
| c. Describe your child’s school program. Click here to enter text. | | | | | | | | | | | | | | |
| d. Does your child live at home? | | | Yes | | | | | | | No | | | | |
| 3. What services (employment, personal assistant, respite care, service coordination, etc.) are you or your child currently receiving? Click here to enter text. | | | | | | | | | | | | | | |
| 4. Why are you interested in participating in the Partners in Policymaking ® program? Is there a specific issue, area of concern, or problem that encouraged you to apply? Click here to enter text. | | | | | | | | | | | | | | |
| 5. If selected to participate in the Partners in Policymaking ® training program, I will: | | | | | | | | | | | | | | |
| 1. Travel to Columbia to attend the regularly scheduled training sessions?   *Mileage and respite reimbursed.* | | | | | | | | | | | Yes | | | No |
| 1. Make a commitment to attend all 2-day training sessions, held once a month for five months?   *Friday afternoon/evening & all day Saturday.* | | | | | | | | | | | Yes | | | No |
| 1. Complete all homework assignments? | | | | | | | | | | | Yes | | | No |
| 1. Authorize use of pictures/contact info for promotional activities? | | | | | | | | | | | Yes ☐ | | | No ☐ |
| 6. Are there any special accommodations necessary for you to participate in this program?  Yes  No    If Yes, describe accommodations needed (accessibility, interpreter, respite care, personal assistant services, etc.): **These accommodations will be provided by the SC DD Council at no cost.** Click here to enter text. | | | | | | | | | | | | | | |
| 7. Presenters and/or participants may use a service animal. A service animal is most often a dog that has been individually trained to do work or perform tasks for an individual with a disability. Would being in close proximity to a service animal cause you discomfort or health concerns? Yes  or No  If yes, please describe. Click here to enter text.    8. Please list any membership in advocacy organizations and indicate any office held:  *Membership in organizations is not a requirement.* Click here to enter text. | | | | | | | | | | | | | | |
| 9. What types of experience have you had in advocating for people with intellectual and developmental disabilities? Click here to enter text. | | | | | | | | | | | | | | |
| 10. Please tell us a little about yourself and your family: (you may use additional pages) Click here to enter text. | | | | | | | | | | | | | | |
| Please list two references (not relatives). Include names, addresses and phone numbers:   1. Click here to enter text. | | | | | | | | | | | | | | |
| 1. Click here to enter text. | | | | | | | | | | | | | | |
| Please send the completed application to: **SC Developmental Disabilities Council**  **Attention: William Farrior**  **1205 Pendleton, Suite 461**  **Columbia SC, 29201**  **Email:** [**william.farrior@admin.sc.gov**](mailto:william.farrior@admin.sc.gov)    **Phone: (803) 734-4190**  **Fax: (803) 734-0241** | | | | | | | | | | | | | | |