

West Virginia Partners in Policymaking Application

The purpose of Partners in Policymaking is to train West Virginians with developmental disabilities and parents of 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" means a severe, chronic disability of an individual that - (A) is attributable to a mental or physical impairment, or 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 3 or more of the following areas of major life activity: (a) Self-care. (b) Receptive and expressive language. (c) Learning. (d) Mobility. (e) Self-direction. (f) Capacity for independent living. (g) Economic self-sufficiency; and (E) 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. 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 (D) (a) through (g) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

1. Are you a person with a developmental disability? Yes _____ No _____ If yes, age of onset? _____ If no, proceed to question #4.

2. Please provide information about how your disability affects your daily life:

3. What kinds of supports, services, or technology services/devices do you use or do you receive? _____

4. 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 your son/daughter? _____

5. Please specify by child his/her disability and provide information about how it affects his/her daily life and that of your family. _____

6. Is your son/daughter receiving special education or 504 services? Yes _____ No _____ (If yes, please describe those services).

7. Does your son/daughter live at home? Yes _____ No _____

8. 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 to you.

Partners in Policymaking sessions are held one Friday and Saturday each month beginning in September and running through April. All eight 2-day sessions will be held in Charleston. Participants living within 100 miles of Charleston are required to attend all sessions in person. Participants living more than 100 miles from Charleston have an option of attending some sessions by webinar/virtual meeting. For those participating by webinar - September, November, and April sessions must be attended in person. For participants attending in person, expenses will be covered as follows:
Meals.
Lodging will be provided for those who live more than 50 miles from Charleston. Reimbursement for transportation, personal assistant services, and respite services will be available upon request.

10. Will you make a commitment to attend the eight 2-day sessions, either in person or by webinar/virtual meeting? Yes _____ No _____
11. Which way do you plan to participate? In person _____ Virtual meeting _____
12. If you live less than 100 miles away, will you make a commitment to attend the eight 2-day sessions in person? Yes _____ No _____ N/A _____
13. If you live more than 100 miles away and plan to participate long distance, will you make a commitment to participate in the scheduled October, December, January, February, and March meetings by webinar/virtual meeting? Yes _____ No _____ N/A _____
14. If you live more than 100 miles away and choose to participate long distance, will you make a commitment to attend the scheduled meetings in September, November, and April **in person** in Charleston? Yes _____ No _____ N/A _____
15. Will you make a commitment to complete homework assignments between sessions?
Yes _____ No _____

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

17. What would make life better for you or your family member with a disability? _____

18. How did you hear about Partners in Policymaking? _____

19. Who are two people we may contact for references?

1.Name _____ Phone _____

Address _____ City _____ Zip _____

2.Name _____ Phone _____

Address _____ City _____ Zip _____

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, 2019.

**WV Developmental Disabilities Council
110 Stockton Street
Charleston, WV 25312.
E-mail address: 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: <https://ddc.wv.gov>