**West Virginia Partners in Policymaking** **Application**

**Class of 2024**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.

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

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1. What kinds of supports, services, or technology services/devices do you use or do you receive?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. 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? \_\_\_\_\_

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

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

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1. Does your son/daughter live at home? Yes\_\_\_\_ No\_\_\_\_\_
2. What non-school services are you or your child currently receiving (birth to three, employment, respite, case management, personal assistance service, waiver, etc.)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Identify one or two specific problems or issues that are of greatest concern to you.

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| Partners in Policymaking sessions are held one Friday and Saturday each month beginning in September 2023 and running through April 2024. The eight 2-day sessions will be held in-person in Charleston and Morgantown. Participants also have the option of attending PIP sessions virtually through the Zoom platform. ***In-person attendance is highly encouraged.***  For participants attending in person, meals will be provided and lodging will be provided for those who live more than 50 miles from Charleston or Morgantown. Reimbursement for transportation, personal assistant services, and respite services will be available upon request. |
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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 attending in-person, which location will you attend?

Charleston \_\_\_\_\_ Morgantown\_\_\_\_\_

13. If attending virtually, do you certify that you have regular access to a device and an internet connection? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

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.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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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 9, 2023.**

**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: <https://ddc.wv.gov>