

Partners in Policymaking Application

Date _____ / _____ / _____

Name _____

Address _____

City _____

County Zip Code _____

Telephone () _____ Daytime tel.() _____

Date of Birth _____ / _____ / _____

Male Female Ethnic Origin _____

1. Are you a person with a developmental disability?

Yes No

2. Are you a family member of a child with a developmental disability?

Yes No

3. If Yes:

a. Describe how the disability affects the ability of your son/daughter to function in at least three (3) areas of major life activity:

b. How old is your son/daughter? _____

c. What is the disability (or disabilities)?

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

5. Why are you interested in participating in the Partners in Policymaking program?

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

7. Will you commit to attend eight (8) two-day sessions, held monthly from April through November?

Yes No

8. Are you willing to travel to attend the regularly scheduled meetings?

Yes No

9. Are you willing to do homework assignments (primarily reading)?

Yes No

10. Are there any special accommodations necessary for you to participate in this program?

Yes No

If yes, describe accommodations needed (accessibility, interpreters, respite care, personal assistance services, etc.)

11. Please list any membership in advocacy organizations and indicate any office held. (Membership in an organization in NOT a requirement): _____

12. What experience have you had in advocating for people with developmental disabilities?

13. Please tell us a little about yourself and your family:

14. Please list two references — names, addresses and phone numbers:

1. _____

2. _____

15. How did you learn about Partners in Policymaking?

Please mail completed Application to:

NJDDC

P.O.Box 700

Trenton, NJ 08625-0700

ATT: Dennie Todd