



Partners in Policymaking **Application for Participation**

Name: _____

Address: _____

_____ Zip Code: _____

Telephone: _____

E-Mail: _____

Sex: _____ Male _____ Female Race: _____

1. Are you a person with a developmental disability?

_____ Yes _____ No

Your age: _____

What is your disability or disabilities?

2. Are you a parent or guardian of a child with a developmental disability? If you have more than one child with a disability, please answer for each child.

_____ Yes _____ No

Child's age: _____

What is your child's disability or disabilities?

Describe how the disability affects your child's ability to function in at least three areas of major life activities:

Does your child live at home? _____ Yes _____ No

Describe your child's school placement if applicable:

Do you have other children? _____ Yes _____ No

If yes, what are their ages? _____

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

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

5. Is there a specific area of concern or issue that encourages you to apply to this program?

6. Participants are expected to attend each 2 or 3-day session, held monthly in the Central Florida area. Will you make a commitment to attend each session?

_____ Yes _____ No

6a. Will you travel to the Central Florida area to attend the scheduled meetings?

_____ Yes _____ No

6b. Would you prefer 2-day or 3-day sessions?

_____ 2-day sessions _____ 3-day sessions

7. Are you willing to complete homework assignments?

_____ Yes _____ No

8. Are you willing to continue your advocacy after completion of the program and continue to report your achievements to the program?

_____ Yes _____ No

9. Please list any special accommodations necessary for you to participate in this program. Including accessibility requirements, interpreters, respite care, etc.

10. Please list any membership in advocacy organizations and any offices held. (Membership in an organization is not a requirement).

11. What type of experience do you have in advocating for people with developmental disabilities?

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

13. Please list two references (include name, address, and phone number):

1) _____

2) _____

14. How did you learn about Partners in Policymaking?

15. What do you hope to accomplish as a result of this program?

Please return completed application to:

Partners in Policymaking Coordinator
Debbie Hannifan
Post Office Box 2864
Lakeland, Florida 33806

Phone (863) 738-6367 Fax: (863) 688-2551
or e-mail to Dhannifan@tampabay.rr.com

**Should you need an alternative form of this application or other assistance,
please contact us.**