



AZ Partners in Leadership

An enhancement of the Partners in Policymaking Program
Presented by **Pilot Parents of Southern Arizona**

2017 APPLICATION

RETURN THIS APPLICATION BY NOVEMBER 30, 2016 TO:

Pilot Parents of Southern Arizona
2600 N. Wyatt Drive Tucson AZ 85712
For questions about the application contact Karen Kelsch at
(520) 324-3150 or email karen@pilotparents.org

Name: _____

Address: _____

City: _____ County: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

Caucasian African American Hispanic Native American

Pacific Islander Other: _____ Date of Birth: _____

Are you a US Citizen? YES NO

Attach copy of Voter Registration Card

Are you a resident of Arizona? YES NO

Attach copy of AZ Driver's License/ID

PLEASE CHECK THE FOLLOWING CHOICES THAT APPLY TO YOU: See federal definition of developmental disability on last page of this packet.

An individual with a disability Specify disability: _____

Are you your own guardian? YES NO

A parent of an individual with a disability

Child's age: _____ Specify child's disability: _____

A family member, other than parent, of an individual with a disability

Family member's age: _____ Specify disability: _____

APPLICATION QUESTIONS: Please answer all questions to follow that are applicable to you. If you need additional space for your answers please feel free to make attachments as necessary.

1. Is there one specific issue, area of concern, or problem that encourages you to apply to this program?

2. Please describe how disability affects your life, either personally or through a family member with a disability.

3. What services are you or your child currently receiving: (For example: therapy, respite care, case management, vocational, etc.)?

4. Please list involvement in organizations or civic groups and offices held. Note that this is not a requirement to apply. (For example: Arc, Board Member; PTA, President; etc.)

5. Please describe the impact you want to make in the community and how you see yourself taking what you learn from Partners in Leadership back to your community.

6. Is there anything else that is important for us to know about you?

7. How did you learn about AZ Partners in Leadership?

- Partner who already graduated: _____
- Agency: _____
- Email from: _____
- Other: _____

8. Please list 2 people (that are not related to you) who know of your interest in disability issues. Please complete their contact information below and have each one complete the *Recommendation Questionnaire* included at the end of this application.

A. Name: _____
Address: _____
City: _____
Daytime Phone: _____
Evening Phone: _____
Email: _____

B) Name: _____
Address: _____
City: _____
Daytime Phone: _____
Evening Phone: _____
Email: _____

ACCOMMODATIONS

1. Please check the following accommodations you would need to participate:

- Wheelchair access
- Large print. Font size: _____
- Seating near front
- Language translation services. Language: _____
- Other (be specific): _____

2. Do you currently have a personal care assistant for your daily living needs?

- YES NO

3. SPECIAL MEAL REQUESTS: AZ Partners in Leadership will make their best effort to accommodate meal accommodations but it is up to the participant to remind staff to insure their needs are met. Partners in Leadership cannot be responsible for the modifications to meal requests.

Please check the special meal requirements that apply:

- Vegetarian
- Vegan
- Food allergies: _____
- Other: _____

4. HOTEL ACCOMMODATIONS: Participants outside of Pima County will be provided lodging at a designated hotel at double occupancy. Rooms are only available for participants (not their family members, friends, etc.). IMPORTANT NOTE: The Partners program does not provide on-site respite/child care.

Will you require an accessible room? YES NO

PERSONAL COMMITMENT

The AZ Partners in Leadership program requires a significant commitment of time and energy. Participation involves a two-day program per month from January to June 2017. Each month, simple homework is required to be completed and submitted at the next session. Please consider your commitment to this program before submitting your application.

- 1. I am **committed** to attending six, two-day sessions: YES NO
- 2. I understand that attendance is **required**: YES NO
- 3. I am **committed** to completing monthly homework assignments: YES NO

Signature of Applicant: _____ Date: _____

RECOMMENDATION QUESTIONNAIRE *(Recommendations completed by relatives will not be accepted)*

Name of applicant: _____

Your relationship to applicant: _____

How long have you known the applicant: _____

Does he/she participate in community activities? YES NO

Has the applicant been involved in advocacy activities? YES NO

If yes, what? _____

Do you feel the applicant has the commitment necessary to complete **ALL** six **MANDATORY**

two-day weekend Partners in Policymaking training sessions? YES NO

Do you feel the applicant can work in a small group setting to complete a group project?

YES NO

Partners participants are expected to network with their classmates as well as legislators and policymakers. Please describe the applicant's skills in social networking.

By signing below, I certify that all of the information provided in this questionnaire is complete and accurate to the best of my knowledge and has been voluntarily disclosed.

Signature: _____

Date: _____

Print Name: _____

Phone: _____

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Date: _____

Print Name: _____

Phone: _____

When & Where?

Selected participants attend six, two-day sessions, in Tucson. Each session begins at 10AM on Friday and concludes at 4PM on Saturday. Attendance of all six sessions is required. Each 2017 session will be held in Tucson. **Tentative** program dates:

January 20—21, 2017

February 17—18, 2017

March 10—11, 2017

April 7—8, 2017

May 5—6, 2017

June 2—3, 2017

What's the cost?

The cost of the training program is waived for participants who are selected to attend. This includes registration for six sessions, lodging for participants outside of Pima County, and meals, all arranged by the AZ Partners in Leadership coordinator. The AZ Partners in leadership program is supported in part by the Arizona Division of Developmental Disabilities and the Arizona Developmental Disabilities Planning Council.

Need Assistance?

If you need assistance to complete this application, contact Karen Kelsch at karen@pilotparents.org or 520-324-3158, by November 23rd (one week prior to the deadline).

Application Deadline

November 30, 2016

Return To

Pilot Parents of Southern Arizona * 2600 N. Wyatt Drive * Tucson * AZ * 85712

Please print the application, keep a copy, and submit via fax, email or postal mail with a copy of your State of Arizona issued ID and voter registration card before November 30, 2016.

Any questions may be directed to Karen Kelsch at (520)324-3158 or Karen@pilotparents.org.

Important note

You will receive a notification of the receipt of your application. If you have not received notification of the receipt of your application by November 30th, you need to contact us immediately because that means we have not received your application. Applicants will receive notification that they have been accepted into the program by the end of December.

Federal Definition of Developmental Disabilities

The term developmental disability means a severe, chronic disability of an individual that:

- A. is attributable to a mental or physical impairment or a 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 three or more of the following areas of major life activity:
 - 1. self care;
 - 2. receptive and expressive language;
 - 3. learning;
 - 4. mobility;
 - 5. self-direction;
 - 6. capacity for independent living; and
 - 7. economic self-sufficiency; and
- E. “reflects the individual's need for a combination and sequence of special, inter disciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.”

Source: Developmental Disabilities Assistance and Bill of Rights Act as Amended (Public law 103-230 Section 10295)

Please note that in Arizona, eligibility for DDD is more narrow than this definition.

This description is not used for Arizona DDD eligibility.

Mail application and direct inquiries about this program to the address below:

AZ Partners in Leadership

Pilot Parents of Southern Arizona

2600 North Wyatt Drive, Tucson, AZ 85712

Toll Free: 1-877-365-7220

(520) 324-3150

karen@pilotparents.org