



AZ Partners in Leadership

Presented by *Pilot Parents of Southern Arizona*

2021 APPLICATION

RETURN THIS APPLICATION BY November 2, 2020 TO:

Pilot Parents of Southern Arizona
1647 N. Alvernon Way, Suite 1 Tucson AZ 85712
For questions about the application contact Karen Kelsch at
(520) 210-7475 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: _____

PLEASE CHECK THE FOLLOWING CHOICES THAT APPLY TO YOU: See federal definition of developmental disability and special health care needs (SHCN) on last page of this packet.

An individual with a disability or special health care need

Specify disability or SHCN: _____

Are you your own guardian? YES NO

A parent of an individual with a disability or special health care need

Child's age: _____

Specify child's disability or SHCN: _____

A family member, other than parent, of an individual with a disability or special health care need

Family member's age: _____

Specify disability or SHCN: _____

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 or special health care need.

3. What care or services are you or your child currently receiving: (For example: therapy, respite care, specialists, care coordination, case management, home health, 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 and/or special health care need 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 and/or interpretation 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 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 onsite respite/child care.

Will you require an accessible room? YES NO

Do you require a roll in shower? YES NO

PERSONAL COMMITMENT

The AZ Partners in Leadership program requires a significant commitment of time and energy. Participation involves a two-day program over eight weekend sessions. Each session, 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 eight, 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

4. I am **committed** to completing a post-graduate project, of my choosing, within the parameters set by the Coordinator, within six months of graduation.

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** eight **MANDATORY** two-day weekend Partners in Leadership training sessions? 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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How long have you known the applicant: _____

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Signature: _____

Date: _____

Print Name: _____

Phone: _____

When & Where?

Selected participants attend eight, two-day sessions, in Phoenix. Each session will tentatively begin at 9AM on Friday and conclude by 6PM on Saturday. Attendance of all eight sessions is required. Each 2021 session will be held in Phoenix. **Tentative** program dates:

January 8—9, 2021

January 29—30, 2021

February 19—20, 2021

March 12—13, 2021

April 9—10, 2021

April 30—May 1, 2021

May 21—22, 2021

June 11—12, 2021

What's the cost?

The cost of the training program is waived for participants who are selected to attend. This includes registration for eight sessions, lodging for participants, and meals, all arranged by the AZ Partners in Leadership coordinators. The AZ Partners in leadership program is supported by the Arizona Division of Developmental Disabilities and is supported in part by the Title V Block Grant (B04MC21387) provided by the Maternal and Child Health Bureau, HRSA, to the Arizona Department of Health Services, Bureau of Women's and Children's Health, Office for Children with Special Health Care Needs.

Need Assistance?

If you need assistance to complete this application, contact Karen Kelsch at karen@pilotparents.org or 520-210-7475, by September 25th (one week prior to the deadline).

Application Deadline

November 2, 2020

Return To

Pilot Parents of Southern Arizona * 1647 N. Alvernon Way, Suite 1 * Tucson * AZ * 85712
Please print the application, keep a copy, and submit via fax, email or postal mail on or before November 2, 2020. Any questions may be directed to Karen Kelsch at (520)210-7475 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 6, you need to contact Pilot Parents immediately because that means we have not received your application. Applicants will receive notification that they have been accepted into the program by November 30, 2020.

Definition of Special Health Care Needs

The federal Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau defines Special Health Care Needs this way: “Children and youth with special health care needs (CSHCN) have or are at increased risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.” This definition includes children with any ongoing condition that is serious enough to require care most children don’t need.

Source: mchb.hrsa.gov/maternal-child-health-topics/children-and-youth-special-health-needs

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, interdisciplinary, 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.

This program is funded through a contract with the Arizona Department of Economic Security’s Division of Developmental Disabilities and in part by the Title V Block Grant (B04MC21387) provided by the Maternal and Child Health Bureau, HRSA, to the Arizona Department of Health Services, Bureau of Women’s and Children’s Health, Office for Children with Special Health Care Needs.

Points of view are those of the author and do not necessarily represent the official position or policies of the Departments.

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

Pilot Parents of Southern Arizona

1647 N. Alvernon Way, Suite 1, Tucson, AZ 85712

Toll Free: 1-877-365-7220

(520) 324-3150

FAX (520) 324-3152

karen@pilotparents.org

“Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI and VII) and the Americans with Disabilities Act of 1990 (ADA) Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, Pilot Parents prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, and disability. Pilot Parents must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. For example, this means that if necessary, Pilot Parents must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that Pilot Parents will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy please contact: Karen Kelsch at (520) 210-7475. Para obtener este document en otro format u obtener informacion adicional sobre esta politica, Karen Kelsch at (520) 210-7475.”