

Please mail or fax your application by May 16, 2008 to:

Mike Hoffman

New York State Partners in Policymaking Program
Long Island Pilot Program

Down Syndrome Advocacy Foundation
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Definition of a Developmental Disability *

The term “developmental disability” means a severe, chronic disability of a person which

- (a) is attributable to a mental or physical impairment or combination of mental and physical impairments;
- (b) is manifested before the person attains age twenty-two;
- (c) is likely to continue indefinitely;
- (d) results in substantial functional limitations in three or more of the following areas of major life activity:
 - self care
 - receptive and expressive language
 - learning
 - mobility
 - self-direction
 - capacity for independent living
 - economic self-sufficiency; and
- (e) reflects the person’s need for a combination and sequence of special, interdisciplinary, or other services which are lifelong or extended duration and are individually planned and coordinated; except that such term when applied to infants and young children means individuals from birth to age five, inclusive, who have substantial developmental disability 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 of 1990 (P.L. 101-496)

PARTNERS IN POLICYMAKING

NEW YORK STATE

2008

NYS Partners in Policymaking Long Island Pilot Program
Application for Participation
Application Deadline: May 16, 2008
Location: C.W. Post Campus, Brookville, NY

(Please Print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (Work): _____

E-Mail Address: _____ County: _____

The area in which I live is (circle one): Urban Suburban Town/Village Rural

1. What interests you about participating in Partners in Policymaking? Is there a specific issue or area of concern that encourages you to apply for this program?

2. What are you hoping to gain by participating in this program?

3. Why are you an excellent candidate for this program?

4. What types of experiences have you had in advocating for people with developmental disabilities?



In Collaboration With



5. Do you belong to any committees or organizations? Membership is not a requirement for acceptance.

a. If so, please list the organizations.

b. How have you networked with these groups or others to advocate for change?

6. Please describe your ability to work as part of a team and give an example.

7. If you were accepted for this Partners in Policymaking Pilot Project, how would you use the information to help people with developmental disabilities?

8. Please specify the disability and how it affects your ability or your family member's ability to function in at least three (3) major life activities (see back page for definition of developmental disability):

9. What services are you or your family member receiving? (i.e.: school, respite care, service coordination)

10. Please list two (2) references, including addresses, telephone numbers and e-mail addresses:

Reference 1:	Reference 2:
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____

11. Will you be able to commit to all seven (7) training sessions in Long Island?

Sessions begin at 8:30 am and end at 4:30 pm.

YES NO

2008 Session Dates:

June	14	Oct	11
July	12	Nov	1
Aug	9	Nov	8
Sept	13		

Do you have access to a computer?

YES NO

Can you commit to complete on-line course work and (minimal) homework?

YES NO

12. Are there any special accommodations necessary for you to participate?

YES NO

If YES, please describe: (i.e.: diet)

13. How did you learn about the Partners in Policymaking Program?

14. Have you submitted an application to Partners in Policymaking since 2000?

YES No

Please specify year _____

15. My ethnicity is: _____

16. I am: Female Male

17. I am: (please check one)

- a person with a developmental disability
- a parent of ___ child(ren) with a developmental disability Age(s): ____
- a family member of ___ person(s) with a developmental disability Age(s): ____