



2016-2017
PARTNERS IN POLICYMAKING ACADEMY
Application for Participation
Deadline Monday, June 13, 2016

Instructions:

Partners is a once per month, two day, eight session advocacy training program for people with disabilities and their families. Although costs are covered, a substantial commitment of time and effort is required. Please review the description and program requirements at: <http://in.gov/gpcpd/2465.htm> . If you can agree to the commitment, complete the application below and return to the Indiana Governor's Council for People with Disabilities by Monday, **June 13, 2016**. Applications can also be completed online at <http://in.gov/gpcpd/2465.htm> . If you have any questions about the program or application please call (317) 232-7770 or email partners@gcpd.in.gov.

Applications can be submitted by mail to: Indiana Governor's Council for People with Disabilities, 402 West Washington Street, Room E145, Indianapolis, IN 46204; by email to Partners@gcpd.in.gov; by fax to (317) 233-3712; or online at www.GCPD.in.gov .

NAME: _____ DATE: _____

ADDRESS: _____

COUNTY: _____

CURRENT EMPLOYER (if applicable): _____

POSITION: _____

DAY TELEPHONE: _____ FAX: _____

EVENING TELEPHONE: _____ CELL: _____

E-MAIL: _____

How did you learn about Partners? _____

Is the person who referred you a graduate Partner? _____

Do you have readily available access to the Internet? Yes No

DEMOGRAPHIC INFORMATION (Confidential)

I am a:	<input type="checkbox"/> Person with a Disability <input type="checkbox"/> Primary Caregiver <input type="checkbox"/> Both
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Age:	<input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 70+
Household Income:	<input type="checkbox"/> \$0-\$15,000 <input type="checkbox"/> \$15,001-\$25,000 <input type="checkbox"/> \$25,001-\$35,000 <input type="checkbox"/> \$35,001-\$50,00 <input type="checkbox"/> \$50,001-\$65,000 <input type="checkbox"/> \$65,001+
Race:	<input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____

1. Are you a person with a disability? Yes No

2. Are you a parent or primary caregiver of a child or adult with a disability? Yes No

3. If you are a parent or caregiver of a person with a disability, please indicate the following:

1. Name		Age:		Gender:		Disability:	
2. Name		Age:		Gender:		Disability:	

List other people in household with age of each if the individual is a child:

4. Please describe your disability (or your family member's) and how it affects self-care, learning, ability to communicate and understand language, , mobility, independent living, and employment.

5. What services (special education, respite care, vocational training, case management, etc.) do you and/or your family member receive?

6. Why are you interested in participating in the Partners in Policymaking Academy? Is there a specific issue, problem, or area of concern that encouraged you to apply?

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

8. Describe your ability to work as part of a team and give an example.

9. Do you currently belong to any advocacy or civic organizations or support groups? If so, list them along with any offices you may hold. (Note: Membership in other organizations is not a requirement for your participation in this project.)

10. What types of experiences have you had in advocating for people with disabilities, families, including yours??

11. What skills, knowledge and abilities do you hope to gain if you are accepted into the Partners in Policymaking Academy?

12. If you are accepted, how will you use the skills and information you acquire for yourself/family and for others and the community?

13. Will you make a time commitment of two days once per month for 8 months? Yes No

14. If you are employed, have you talked with your employer and arranged your work schedule? Yes No

15. Is there any reason why you may not be able to travel to Indianapolis? Yes No

16. Do you agree to complete monthly homework assignments? Yes No

17. Are there any accommodations or assistance that you need to participate in this program?

19. Do you have more information you want to share? (You may use the back page of the application)



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Application References

YOUR NAME: _____ DATE: _____

Reference 1:

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____

E-mail: _____

Relationship: _____

Reference 1:

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____

E-mail: _____

Relationship: _____