

Partners in Policymaking Academy

A program of the Governor's Council for People with Disabilities



PARTNER PROFILE

Please complete this form and return it with the contract and initial survey.

Partner Name _____

(AS YOU WOULD LIKE IT TO APPEAR ON YOUR NAME TAG!)

Address _____

City, State, Zip _____

Cell phone and home# _____

Email _____

Emergency Contact(s) _____

Number _____

To insure the program stays within budget, we would appreciate any assistance you can provide in covering part of your expenses such as mileage. Approved travel or support expenses will be reimbursed approximately 30 business days after the proper paperwork is submitted. We expect Partners to car pool with each other when possible. We will not ask you to pick up anyone more than ten miles out of your way.

HOTEL Check all that apply-Lodging is for Friday night only. Local Partners may opt to stay at the hotel or go home on Friday after the evening session ends.

I will be staying at the hotel. (Room with a Partner of the same gender)

Complete roommate preferences section of form and return

I will require a wheelchair accessible room _____

I need a room close to the elevator

Other (grab bars, shower chair, TTD etc): _____

MEAL ACCOMMODATIONS Friday p.m. snack & dinner; Saturday continental breakfast and lunch.

Food Allergies (please List) _____

Dietary Restrictions _____

CHILD CARE

- I will be requesting childcare/respice care reimbursement for _____ children

Family Number	Your request	Maximum for weekend
One child		\$5 per hour -up to \$150.00 per session
Two or more		\$7.50 per hour -up to \$200.00 per session

Note: Before reimbursement can be made, you must complete the Partners receipt reimbursement form with the caregiver's name, telephone number and signature; the date childcare was provided, time period, the amount of money, and the children's names. **We cannot pay a spouse or child's parent unless they must miss work to provide child care for you.**

OTHER SUPPORTS/ACCOMMODATIONS Check all that apply

- I am willing to carpool with other classmates.
- I can be a driver I cannot be a driver
- I am flexible and could be a rider or a driver
- Smoking:** I am a smoker I cannot ride in a smoker's car
- I cannot be a part of a carpool because _____
- I need CART or an interpreter. Describe: _____
- I will use an assistive listening devise. I will bring my own I need one provided
Describe what is needed: _____
- We will only print information you need during the session such as the agenda and some speaker handouts. All other materials will be provided online or on a CD. If that will not work for you or you require handouts in another format (check all that are acceptable below)
- Large print-point size minimum _____ Other _____
- I will audiotape the sessions. (You may bring a tape recorder, if you wish)
- I will bring a service animal: (Service animal must be well behaved and pets are not permitted)
Type of service animal: _____
- I need space for my Wheelchair Scooter Other: _____
- I am requesting round trip mileage reimbursement (provided at \$.40 per mile)
- I will require help with wheelchair accessible transportation service (We will contact you)
- I will need a ride (We will contact you)
- I will require other accommodations: (Please specify) _____

ROOMMATE PREFERENCES

If you plan to stay overnight at the hotel please complete the following information:

I would like to room with: _____
(If you know someone in the class and you both agree to be roommates ask that person to request you as well.)

PLEASE NOTE: roommate assignments may change and you may request a specific person for a future session.

We expect Partner trainees to be accommodating to their roommates and to work out any differences in room preferences and sleep habits. That said, we will try to match you with a roommate that is compatible. While we cannot guarantee a match that meets all your preferences we will do our best.

Please answer the following questions:

- What time (approximate) do you go to bed? _____
- Would someone coming in late disturb you? _____
- What temperature range do you like when sleeping? Warm Cool
- Do you smoke? _____ (We will try to match you with another smoker, but we cannot guarantee you will be able to smoke in your hotel room)
- Do you mind a roommate with an assistance dog? _____
- Do you mind a roommate who smokes? Smoker OK
 Smoker OK, if they DO NOT smoke in the room
 Smoker NOT OK- I am very sensitive to smoke

Is there any other information that would assist us in assigning your roommate?
