



NEVADA GOVERNOR'S COUNCIL ON DEVELOPMENTAL DISABILITIES

Partner's in Policymaking 2018 Application for Participation

Applicants must be at least 18 years of age. Applications MUST be post marked by December 10th 2017 to be considered. Incomplete applications will not be considered.

NOTE: Please attach additional sheets if more space is needed.

Applicant Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone:

Email:

Are you: Male _____ Female _____ Race/ethnic Background: _____

1. Are you a person with a disability? YES ☐ NO ☐ (If no, proceed to Question 2.)

a) If so, please specify your disability and provide information about how it affects your daily life:

b) What kinds of support services or technology services/devices do you use or do you receive?

2. Are you a parent of a child with a developmental disability? YES ☐ NO ☐

a) If so, what services do you, your family or your son/daughter received from the county where you live?

b) Check all that apply for each child with a developmental disability:

Child #1

Age: Disability:

- ☐ 0 – 3 ☐ Physical
☐ 3 – 7 ☐ Cognitive
☐ 7 – 10 ☐ Emotional/Behavioral
☐ 10 – 14 ☐ Sensory
☐ 14+ ☐ Other _____

Child #2

Age: Disability:

- ☐ 0 – 3 ☐ Physical
☐ 3 – 7 ☐ Cognitive
☐ 7 – 10 ☐ Emotional/Behavioral
☐ 10 – 14 ☐ Sensory
☐ 14+ ☐ Other _____

Child #3

Age: Disability:

- ☐ 0 – 3 ☐ Physical
☐ 3 – 7 ☐ Cognitive
☐ 7 – 10 ☐ Emotional/Behavioral
☐ 10 – 14 ☐ Sensory
☐ 14+ ☐ Other _____

c) Please specify by child his/her disability and provide information about how it affect his/her daily life and that of your family.

d) Please provide some specific information on how this diagnosis or disability affects your access to necessary or needed services.

e) Is your son/daughter receiving special education services?
If yes, describe those services.

YES NO
☐ ☐

3. Identify one or two specific problems or issues that are of greatest concern to you.

4. Sessions are typically scheduled for Saturdays from 8:00 am – 4:00 pm. Attendance is required at each weekend session. You will also be required to complete the e-learning courses that corresponds with the class, as well as commit to a project to be completed after graduation and a one year follow up after graduation.

a) Will you make a time commitment of one 8-hour day per month (January through August) for eight months?

YES NO
☐ ☐

PLEASE PLACE THE SESSION DATES ON YOUR CALENDAR AT THIS TIME.

Jan 20th, 2018

Feb 24th, 2018

March 17th, 2018

April 14th, 2018

May 19th, 2018

June 9th, 2018

July 21st, 2018

August 4th, 2018

b) If you are employed, have you talked with your employer about session attendance and made necessary arrangements so you can attend all sessions?

YES NO
☐ ☐

c) Will you make a commitment to complete all of the required e-learning courses that correspond with the class?

YES NO
☐ ☐

d) Will you commit to a project to be completed after graduation?

YES NO
☐ ☐

e) Will you commit to a one year follow up after graduation?

YES NO
☐ ☐

<p>5. If you have a disability, will you need any accommodations to help you actively participate in the weekend sessions (such as wheelchair access or larger print)?</p> <p style="margin-left: 20px;">If yes, please specify:</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
<p>6. Do you require interpreter services (such as signing or language translation)?</p> <p style="margin-left: 20px;">If yes, please specify:</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
<p>7. If you are a parent, will you be using respite/child care services, so you can participate in the Partners program?</p> <p style="margin-left: 20px;">If you are a person with a disability, will you be using personal care attendant services during the weekend sessions?</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p> <p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
<p>PLEASE NOTE: NGCDD does not provide on-site respite/child care or personal care attendant services, but reimbursement for these costs may be provided.</p>	
<p>8. Are you currently a member of, do you volunteer for, or are involved with an advocacy organization?</p> <p style="margin-left: 20px;">If yes, what is the name of the organization(s) and what role(s) do you play?</p>	<p>YES NO <input type="checkbox"/> <input type="checkbox"/></p>
<p>9. Please tell us about yourself/your family. (For example: the kind of work you do, community/volunteer activities you are involved in, personal interests, & share any life experiences that have been special joys or challenges for you, your child or your family.)</p>	
<p>10. Tell us why you want to participate in the Partners in Policymaking program.</p>	
<p>11. How did you learn about the Partners in Policymaking Program?</p>	

12. Are you legally able to work in the United States? (Please note: This does not necessarily disqualify for participation in this course but it may impact your ability to receive reimbursement)

YES NO
☐ ☐

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to my selection, I understand that false or misleading information in my application may result in my release from the Partners program.

Signature: _____ Date: _____