

Minnesota Partners in Policymaking 2007-2008 Application for Participation

CLASS 25 SCHEDULE

September 21-22, 2007	February 15-16, 2008
October 26-27, 2007	March 30-31, 2008
November 30-December 1, 2007	April 25-26, 2008
January 25-26, 2008	May 9-10, 2008

TENNESSEN WARNING

PLEASE NOTE: The information requested on this application is for the purpose of selecting individuals who meet the criteria for participation in the Partners in Policymaking program. The list of names and addresses of Partners graduates that is prepared for each Partners class is taken from applications and considered public data under the Minnesota Government Data Practices Act. This list may be requested and will be released upon request.

To apply send application to: Government Training Services
2233 University Avenue West, Suite 150
St. Paul, MN 55114
or apply online at: www.mngts.org/partnersinpolicymaking

APPLICATION DEADLINE: July 27, 2007

PLEASE NOTE: This application is for Minnesota applicants only. We are particularly looking for applicants from the counties of Lac Qui Parle and Wabasha.

(PRINT)

Name _____

Street Address _____

City _____ County _____

State _____ Zip Code _____

Home Phone # (____) _____ Work Phone # (____) _____

Email _____ Fax _____

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

If so, tell us how your disability affects what you can do and how you do things: _____

Please also tell us what kinds of support services or technology services/devices you use or receive.

2. Are you a parent of a child with a developmental disability? Yes No

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

Check one in each column for each child with a developmental disability:

<u>Child #1</u>		<u>Child #2</u>		<u>Child #3</u>	
Age	Disability	Age	Disability	Age	Disability
<input type="checkbox"/> Birth - 3	<input type="checkbox"/> Physical	<input type="checkbox"/> Birth - 3	<input type="checkbox"/> Physical	<input type="checkbox"/> Birth - 3	<input type="checkbox"/> Physical
<input type="checkbox"/> 3 - 7	<input type="checkbox"/> Cognitive	<input type="checkbox"/> 3 - 7	<input type="checkbox"/> Cognitive	<input type="checkbox"/> 3 - 7	<input type="checkbox"/> Cognitive
<input type="checkbox"/> 7 - 10	<input type="checkbox"/> Emotional/ Behavioral	<input type="checkbox"/> 7 - 10	<input type="checkbox"/> Emotional/ Behavioral	<input type="checkbox"/> 7 - 10	<input type="checkbox"/> Emotional/ Behavioral
<input type="checkbox"/> 10 - 14	<input type="checkbox"/> Sensory	<input type="checkbox"/> 10 - 14	<input type="checkbox"/> Sensory	<input type="checkbox"/> 10 - 14	<input type="checkbox"/> Sensory
<input type="checkbox"/> 14+	<input type="checkbox"/> Other _____	<input type="checkbox"/> 14+	<input type="checkbox"/> Other _____	<input type="checkbox"/> 14+	<input type="checkbox"/> Other _____

3. Is your son/daughter receiving special education services? YES NO

If yes, describe some of those services.

4. Do you, or does your son/daughter, meet the federal definition of a person with a developmental disability?

Yes No (See the definition in the Partners Application Booklet.)

5. What problem or issues are of greatest concern to you? _____

6. Weekend sessions begin with check-in and lunch on Friday at 11:00 a.m. and end on Saturday at 3:00 p.m. They are held at the Four Points Sheraton in Minneapolis. Double occupancy rooms (You will be roomed with another class member) and meals will be provided.
- a. Attendance is required at each weekend session. Will you make a time commitment of two days, one weekend a month (September through May with no session in December), for eight months?
YES NO
- b. If you are employed, have you talked with your employer about session attendance and made necessary arrangements so you can attend all weekend sessions?
Please place the session dates on your calendar at this time.
YES NO

7. If you have a disability, what accommodations do you need? (such as wheelchair access interpreter services, larger print, and so on.)

8. If you are a parent, will you be using respite/child care services, so you can participate in the Partners program?
YES NO

If you are a person with a disability, will you be using personal care attendant services during the weekend sessions?

YES NO

PLEASE NOTE: The Partners program does not provide on-site respite/child care or personal care attendant services, but reimbursement for these costs will be provided if no other source of funds are available to you.

9. Are you currently involved with an advocacy organization? YES NO
If yes, what organization(s) and what role(s) do you play?

10. Please tell us about yourself/your family.

- a. If you are working, tell us about your job and the kind of work you do:

- b. If in school, tell us about your field of study or the types of classes you are taking:

c. What type of community/volunteer activities are you involved in:

d. What are some of your personal interests:

e. Please share any life experiences that have been special joys or challenges for you, your child or your family: _____

11. Tell us why you would like to participate in the Partners in Policymaking program.

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

APPLICATION DEADLINE IS JULY 27, 2007

Send complete application to:

Government Training Services (GTS), 2233 University Avenue W.,
Suite 150, St. Paul, MN 55114

OR - complete online application at - www.mngts.org/partnersinpolicymaking

Applicants will be notified by **September 4, 2007**
regarding their application status

To learn more about the Partners in Policymaking program

Contact: Carol Schoeneck at Government Training Services
651-222-7409, extension 205 (metro)
800-569-6878, extension 205 (non-metro)
cschoeneck@mngts.org