

**APPLICATION FOR PARTICIPATION**

**CLASS SCHEDULE**

**Note: All sessions are Friday and Saturday EXCEPT the State Legislative Weekend, which is Sunday and Monday.**

Session 1 Dates: \_\_\_\_\_

Session 2 Dates: \_\_\_\_\_

Session 3 Dates: \_\_\_\_\_

Session 4 Dates: \_\_\_\_\_

Session 5 Dates: \_\_\_\_\_

Session 6 Dates: \_\_\_\_\_

Session 7 Dates: \_\_\_\_\_

Session 8 Dates: \_\_\_\_\_

**MINNESOTA TENNESSEN WARNING**

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.

**APPLICATION DEADLINE:** \_\_\_\_\_

**Note: This application is for Minnesota applicants only.**

**APPLICATION DECISION BY:** \_\_\_\_\_

*Date*

**TO APPLY BY MAIL:** \_\_\_\_\_

*Partners coordinator's mailing address*

**TO APPLY ONLINE:** \_\_\_\_\_

*Partners coordinator's email address*

**PLEASE PRINT IN INK**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone (        ) \_\_\_\_\_

Work Phone (        ) \_\_\_\_\_

Cell Phone (        ) \_\_\_\_\_

Email \_\_\_\_\_

**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:

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

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**2. Are you a parent of a child with a developmental disability?**  yes  no (If no, proceed to Question 3.)

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

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

CHILD 1		CHILD 2		CHILD 3	
Age	Disability	Age	Disability	Age	Disability
<input type="radio"/> B-3	<input type="radio"/> Physical	<input type="radio"/> B-3	<input type="radio"/> Physical	<input type="radio"/> B-3	<input type="radio"/> Physical
<input type="radio"/> 4-7	<input type="radio"/> Cognitive	<input type="radio"/> 4-7	<input type="radio"/> Cognitive	<input type="radio"/> 4-7	<input type="radio"/> Cognitive
<input type="radio"/> 8-10	<input type="radio"/> Emotional/Behavioral	<input type="radio"/> 8-10	<input type="radio"/> Emotional/Behavioral	<input type="radio"/> 8-10	<input type="radio"/> Emotional/Behavioral
<input type="radio"/> 11-14	<input type="radio"/> Sensory	<input type="radio"/> 11-14	<input type="radio"/> Sensory	<input type="radio"/> 11-14	<input type="radio"/> Sensory
<input type="radio"/> 15+	<input type="radio"/> Other	<input type="radio"/> 15+	<input type="radio"/> Other	<input type="radio"/> 15+	<input type="radio"/> Other

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

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

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e. Is your son/daughter receiving special education services?  yes (If yes, please describe those services)  no

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

(See the definition on the last page of this application.)  yes  no

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

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5. Weekend sessions begin with check-in and lunch at 11:00 a.m. on the first day and end at 3:00 p.m. on the second day. Sessions are held at (location): \_\_\_\_\_.  
Double occupancy rooms (you will be roomed with another class member) and meals will be provided.

**PLEASE NOTE: The Partners program does not provide on site child care services. Family members are not permitted to stay at the hotel during the weekend training sessions unless a family member is serving as a personal assistant to a class member.**

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

*Please place the session dates on your calendar at this time.*

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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?  yes  no

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6. If you have a disability, what accommodations do you need to help you actively participate in the weekend sessions (such as wheelchair access or larger print)?

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7. Do you require interpreter services (such as American Sign Language (ASL), or other language translation)?  yes  no If yes, please specify:

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

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9. If you are a person with a disability, will you be using personal care assistant (PCA) services during the weekend sessions?  yes  no *Please note: the Partners program does not provide these services.*

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10. Are you currently a member of, volunteer for, or involved with, an advocacy organization?  yes  no

If yes, what is the name of the organization(s) and what role(s) do you play?

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**11. Please tell us about yourself/your family.**

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

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b. If you are in school, tell us about the types of classes you are taking:

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c. In what type of community/volunteer activities are you involved?

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d. What are some of your personal interests?

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**12. Tell us why you want to participate in the Partners in Policymaking program.**

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

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