

**PARTNERS PROFILE**

Name \_\_\_\_\_

Daytime Phone (Mon-Fri) ( \_\_\_\_\_ ) \_\_\_\_\_

home  work

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**HOTEL**

Do you need overnight lodging?  yes  no  
*Participants staying overnight will share a room and a roommate will be assigned.*

If yes, will a personal care assistant (PCA) be staying with you?  yes  no  
*If this is the case, you will not be assigned a roommate.*

Do you require an accessible room?  yes  no

**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.

**ACCESSIBILITY**

Do you need wheelchair-accessible meeting space?  yes  no

Will your personal care assistant come to the sessions with you? If so, please provide us with his/her name so a nametag can be prepared:  yes  no

Other accessibility accommodations? Please describe: \_\_\_\_\_

**MEALS**

Participants will be provided with Friday lunch and dinner and Saturday lunch during the training sessions. Breakfast will be provided on Saturday for those staying overnight on Friday. If you require a special diet (e.g. low salt, vegetarian, etc.), please describe below. Be as specific as possible so your individual needs can be met!

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ON-GOING COMMUNICATIONS**

You will receive monthly communications from the Coordinator with information you will need before the next weekend session. You can select either of the following methods to receive:

Electronic. My email address is: \_\_\_\_\_

**NOTE: You must be able to open WORD attachments and be in a position to check your e-mail regularly to insure that you receive information on a timely basis.**

U.S. Mail to the address shown at the top of this profile

**INTERPRETER SERVICES**

Do you require American Sign Language (ASL) interpreter services?  yes  no

Do you require other language translation services? If so, please specify:  yes  no

**INSTRUCTIONAL MATERIALS**

Materials distributed for use during Partners weekends and after class as resources come from a wide variety of sources. Every effort will be made to provide them in alternative formats to meet class member needs.

Please check formats required:  Large print *(Please provide a sample)*  Braille  Audio tapes  
 Other *(Please specify)*

**TRAVEL**

We strongly encourage carpooling. If you are interested in exploring this option before the first weekend session, please contact the Partners coordinator so we can provide you with names and phone numbers of class members in your area. *You will be provided with a complete class list at the first session to help you explore this option for future weekends.*

Will you be driving to the sessions?  yes  no

If you will not be driving, please describe your transportation plans:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS FORM MUST  
BE RECEIVED BY:**  
\_\_\_\_\_  
\_\_\_\_\_

**SEND TO:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_