A Leadership Training Program
For parents of school age children with developmental disabilities and adults with developmental disabilities.

The Partners in Policymaking program is about achieving greater:
- Independence
- Productivity
- Self-Determination
- Integration
- Inclusion

Application

DEADLINE: January 19, 2018

Class 1
February 2018 - October 2018
Greetings!

On behalf of the Illinois Council on Developmental Disabilities (ICDD) and HIGH IMPACT Mission-based Consulting & Training, thank you for your interest in applying for the IL Partners in Policymaking program (also referred to as Partners). We are thrilled to be bringing Partners to Illinois as a program of the Illinois Council on Developmental Disabilities, financed in part by a grant from the Administration on Intellectual and Developmental Disabilities, under provisions of P.L. 106-402 to HIGH Impact Mission Based Consulting & Training.

Partners in Policymaking® is a leadership training program designed for parents of school age children with developmental disabilities and adults with disabilities. The Partners program was created by the Minnesota Governor’s Council on Developmental Disabilities more than 30 years ago, and has since been offered nationally and internationally. Partners teaches leadership skills necessary to develop positive partnerships with elected officials and other policymakers who make decisions about the services that you and/or your family use. Partners is accessible, informative and empowering. The graduates of Partners often become members of boards, councils, task forces and advisory committees; some run for elected office.

Partners is about systems change – creating, working towards, and achieving a vision of shared values about people with disabilities. It is based on the belief that the most effective and enduring public policy decisions are made by the people who need and use services in partnership with elected officials and other policymakers. It is about becoming confident in oneself, competent in the knowledge and information received, and comfortable in sharing life experiences and expertise one brings to the program.

Participation in Partners requires a commitment to attend all eight weekend sessions. You must have an interest in learning and practicing new skills in a comfortable and safe environment. You must have a desire to build and strengthen a network of people from diverse cultural backgrounds and life experiences and must have a willingness to learn from national and state experts who share our vision and values.

We are excited about your interest in being part of this experience and cannot wait to review your application.

Sincerely,

Kimberly Mercer-Schleider
Kimberly Mercer - Schleider
Director
Illinois Council on Developmental Disabilities

Allan I. Bergman
Allan I. Bergman
CEO
HIGH Impact Mission Based Consulting & Training
ILLINOIS PARTNERS IN POLICYMAKING®
2018 SCHEDULE

CLASS 1
February 23-24, 2018 – Friday & Saturday
March 23-24, 2018 – Friday & Saturday
April 27-28, 2018 – Friday & Saturday
May 20-21, 2018 – Sunday & Monday
June 22-23, 2018 – Friday & Saturday
July 13-14, 2018 – Friday & Saturday
September 14-15, 2018 – Friday & Saturday
October 12-13, 2018 – Friday & Saturday

GRADUATION!
APPLICATION DEADLINE IS JANUARY 19, 2018
Applicants will be notified about the status of their application by January 29, 2018.

Definition of "Developmental Disability"

According to the Developmental Disabilities Assistance and Bill of Rights Act, the term "developmental disability" means a severe, chronic disability of an individual that:

- is attributable to a mental or physical impairment or a combination of mental and physical impairments;
- is manifested before the individual attains age 22;
- is likely to continue indefinitely;
- results in substantial functional limitations in three or more of the following areas of major life activity:
  → self-care
  → receptive (understanding) and expressive language
  → learning
  → mobility
  → self-direction
  → the capacity for independent living
  → economic self-sufficiency; and
- reflects the individual’s need for a combination and sequence of special, interdisciplinary or generic services, individual supports, or other forms of assistance which are of a lifelong or extended duration and are individually planned and coordinated;

Infants and Young Children — an individual from birth to age nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described above if the individual, without services and supports, has a high probability of meeting those criteria later in life.
ILLINOIS PARTNERS IN POLICYMAKING®
2018 APPLICATION FOR PARTICIPATION

DISCLAIMER: Acceptance into the IL Partners in Policymaking® program is not automatic. Applicants will be notified about the status of their application by January 29, 2018. Your application will be reviewed in the order in which it is received. All information shared in this application will be confidential. Please note, this application is for Illinois residents only. The deadline for submittal is January 19, 2018.

Inquiries about the IL PARTNERS program should be directed to:
Allan I. Bergman
CEO
HIGH IMPACT Mission-based Consulting & Training
aibergman@comcast.net

Please mail your completed application to:
Jan L. Bergman, Coordinator
IL. Partners In Policymaking
HIGH IMPACT Mission-based Consulting & Training
757 Sarah Lane
Northbrook, IL. 60062

PART 1: CONTACT INFORMATION

Name *: _________________________________ (First) _______________________________ (Last) (MI)
Street Address *: __________________________________________________________________
City *: _______________________________ State *: _____________________ Zip *: ___________
Home Phone *: ____________________________ Work Phone: ____________________________
Cell Phone: ______________________________ Email *: _______________________________

Race / Ethnicity (Optional):

- Asian
- Native Hawaiian or Pacific Islander
- American Indian or Alaskan Native
- Black or African American
- Hispanic or Latino
- Other: ________________________________

Gender *:

- Female
- Male
PART 2: APPLICANT INFORMATION  *REQUIRED

SECTION 1

A) Are you a person with a disability? * Yes ☐ No ☐ *If no, proceed to SECTION 2

B) If yes, please specify your disability and provide information about how it affects your daily life.

C) If yes, what kinds of support services or technology services/devices do you use or do you receive?

SECTION 2

A) Are you a parent of a child with a developmental disability? * Yes ☐ No ☐ *If no, proceed to SECTION 3

B) If yes, check one in each column for each child with a developmental disability:

<table>
<thead>
<tr>
<th></th>
<th>Age Child 1</th>
<th>Age Child 2</th>
<th>Age Child 3</th>
<th>Age Child 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth-3</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4-7</td>
<td></td>
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<td></td>
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<tr>
<td>8-10</td>
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<tr>
<td>11-14</td>
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<tr>
<td>15-22</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
C) If yes, check one in each column for each child with a developmental disability:

<table>
<thead>
<tr>
<th></th>
<th>Disability Child 1</th>
<th>Disability Child 2</th>
<th>Disability Child 3</th>
<th>Disability Child 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Cognitive</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Emotional / Behavioral</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Sensory</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D) Please specify, by child his/her disability(ies) and provide information about how it affects his/her daily life and that of your family.

E) Please provide some specific information on how your child's disability affects your ability to access necessary or needed services.

F) Is your son/daughter receiving special education services? *: Yes [ ] No [ ]

G) If yes, please describe those services.
ILLINOIS PARTNERS IN POLICYMAKING®
2018 APPLICATION FOR PARTICIPATION

SECTION 3
A) Do you, or does your son/daughter, meet the federal definition of a person with a developmental
disability? The definition can be found on Form A. *  Yes  No

SECTION 4
A) Identify one or two specific disability-related problems (waiver services, school inclusion,
competitive work) that are of greatest concern to you. *

SECTION 5
Weekend sessions require double occupancy rooms which means you will be roomed with another class participant.
Meals will be provided. Seven sessions will take place at the Hyatt Place in Normal IL and one session is in Springfield IL.

A) Attendance is required at each weekend session. Will you make a time commitment of two days,
one weekend a month (February through October), for 8 months? Weekend sessions begin at 11:00 am and
continue until 9:00 pm on day one, and begin at 8:30 am and continue until 3:00 pm on day
two. Please note, there is no session in August. *  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 8 sessions? Yes  No

C) 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)?
SECTION 7

A) Do you require interpreter services (such as sign language or other language translation)? *
   Yes [ ] No [ ]

B) If yes, please specify. *

SECTION 8

Please note: The Partners program does not provide onsite services. However, a reimbursement allowance is provided for participants needing financial assistance.

A) If you are a parent, will you be using respite/child care services so you can participate in the Partners program? Yes [ ] No [ ]

B) If you are a person with a disability and you use a Personal Assistant or Personal Support Worker, will you be accompanied by this person? Yes [ ] No [ ]

SECTION 9

A) Are you currently a member of, do volunteer work for, or are involved with an advocacy organization? * Yes [ ] No [ ]

B) If yes, what is the organization(s) and what role(s) do you play?
A) Please tell us about yourself and/or your family. *

B) If in school, tell us about your field of study or degree program or the classes you are taking.

C) In what community/volunteer activities are you involved? *

D) What are some of your personal interests? *

E) Please share any life experiences that have been particular joys or challenges for you, your child, or your family. *
F) If you are working, tell us about your job and the kind of work you do. Type "n/a" if you are not working.*

SECTION 11

A) Tell us why you want to participate in the Partners in Policymaking® program.*

B) What do you hope to gain from Partners and how do you intend to use your new knowledge and skills? *

SECTION 12

A) How did you learn about the Partners in Policymaking® program? Please add the names of the people or organizations who gave you information about the Partners program or the news articles you read about Partners. This will help us to evaluate who we are reaching to help us with recruitment, the extent to which Partners graduates are assisting with recruitment, and what approaches may be the better options to continue to use in the future. *