

## New Mexico Alliance for Full Participation Employment Success Story Criteria

**Invitation:** We would like to invite you to submit success stories of employment of New Mexicans with developmental disabilities. These stories will be featured on the New Mexico Alliance for Full Participation website.

**Purpose:** The purpose of the success stories is to promote full employment of people with developmental disabilities with effective community and vocational supports. As a result, people with developmental disabilities have better career, employment and business development opportunities in New Mexico.

**What to Include:** We encourage the person featured in the success story be the creator (or assist with the creation of the story). Written permission from the person featured is required (use form on next page) at the time of submission. Each success story needs to include:

Item:	Fill in the Information:
1. <b>Name</b> of person in the success story	
2. <b>Where</b> you live (which part of NM or specific location)	
3. <b>What</b> employment goal(s) did you achieve?	
4. <b>How</b> did you do it? What was <b>innovative</b> about it (i.e. using a PASS program, self-employment, micro-enterprises, ownership of assets)	
5. What <b>supports</b> helped you the most?	
6. What are you most <b>proud of about this employment?</b>	
7. What <b>tips</b> would you like to give others who want to achieve similar employment goals?	
8. <b>Anything else</b> you want to add?	

**Send the Story:** Please email your success story and photo to Judith Stevens at [judithstevens@yahoo.com](mailto:judithstevens@yahoo.com). Please **mail the signed written permission form** (and photo, if not electronic) to: Barbara Ibañez, Center for Development and Disability, 2300 Menaul NE, Albuquerque, NM 87107-1851

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**Consent Form (Please Print)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person's Name

\_\_\_\_\_  
Person's Address (street, city, state, zip)

\_\_\_\_\_  
Person's Telephone Number

**I hereby consent to have my story and photo (if any) posted on the New Mexico Alliance for Full Participation Internet website or printed materials for educational use only.**

**I understand that this is intended for public viewing and I consent to the use of and release of my identity.**

\_\_\_\_\_  
Person or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature & Title

\_\_\_\_\_  
Date

Please **mail the signed and witnessed written permission form** (and photo, if not electronic) to:

Barbara Ibañez  
Center for Development and Disability  
2300 Menaul NE,  
Albuquerque, NM 87107-1851