

## **PARTNERS IN POLICYMAKING**

### **INFORMATION ABOUT THE PROGRAM**

#### **What Is Partners in Policymaking?**

- ▶ The mission of the program is to create future leaders and advocates in the area of disabilities in New Mexico.
- ▶ A nationally based curriculum that has been replicated in different parts of the country and the world.
- ▶ Partners attend seven, two-day training sessions, in Albuquerque.
- ▶ Each session begins at 1:00 p.m. on Friday and concludes by 3:00 pm on Saturday.
- ▶ Partners are given brief assignments between sessions and also participate in a small group project.
- ▶ National and state leaders in the disability movement present various topics such as:
  - ❖ History of Disability and the Disability Rights Movement
  - ❖ Inclusive Education, Inclusive Community, Conflict/Resolution
  - ❖ Supported Employment, Supported Living
  - ❖ Federal Policy and Legislative Process
  - ❖ State Legislative Process and Current Issues
  - ❖ Community Organization and Local Advocacy

#### **Who should apply?**

You should consider applying if you have any of the following pertain to you:

- You are passionate about creating positive change in the area of disabilities.
- You want to become an advocate or leader in the area of disabilities.
- You are a self-advocate, family member, or community member with an interest in improving systems in New Mexico (at least 2/3 of group needs to consist of self-advocates/family members).
- You want to find out more about the value of inclusion.

## **When and Where?**

Partners attend seven, two-day training sessions, in Albuquerque. Each session begins at 1:00 p.m. on Friday and concludes at 3:00 p.m. on Saturday. Attendance of all seven sessions is required. Each **2013** session will be held in Albuquerque on the following dates:

March 8-9	April 12-13
May 10-11	June 14-15
July 12-13	August 16-17
September 13-14	

## **What's The Cost?**

The cost of the training program is waived for participants who are selected to attend. This includes registration for seven sessions, lodging, and meals, all arranged by the Partners in Policymaking staff. All participants will be offered overnight lodging (even participants from Albuquerque/Metro area) and a roommate will be assigned. New Mexico Partners in Policymaking is supported in part by the N.M. Department of Health and the N.M. Developmental Disabilities Planning Council.

## **Need Assistance?**

If you need assistance to complete this application, contact Lauriann King at [laking@salud.unm.edu](mailto:laking@salud.unm.edu) or 505-272-5304, by December 7 (one week prior to the deadline).

**Application Deadline:** December 14, 2012

Applications must be postmarked by midnight, December 14, 2012

**Return to:** *New Mexico Partners in Policymaking*

Please print the application, keep a copy, and return before December 14, 2012.

Any questions may be directed to Lauriann King at (505)272-5304, or [laking@salud.unm.edu](mailto:laking@salud.unm.edu).

Important note: You will receive a notification of the receipt of your application. If you have not received notification of the receipt of your application by December 19, you need to contact us immediately because that means we have not received your application. Applicants will receive notification that they have been accepted into the program by the end of January 2013.

**Keep these first two information pages and mail back the application to:**

*2300 Menaul Blvd. NE, Albuquerque, NM 87107, Attention: Lauriann King*

## New Mexico Partners in Policymaking 2013 APPLICATION\*

\* Application is only good for **this** session. If you have completed an application in the past, you still need to complete this application to be considered for this upcoming session.

**RETURN THIS APPLICATION BY DECEMBER 14, 2012 TO:**

**NM Partners in Policymaking**

2300 Menaul Blvd. NE, Albuquerque NM 87107,

Attn: Lauriann King.

For questions about the application contact Lauriann King at (505)272-5304 or email

[laking@salud.unm.edu](mailto:laking@salud.unm.edu)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Electronic Mail Address: \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female

\_\_\_\_ Caucasian \_\_\_\_ African American \_\_\_\_ Latin American \_\_\_\_ Native American

\_\_\_\_ Asian-Pacific Other Origin: \_\_\_\_\_

What Language(s) do you speak? \_\_\_\_\_

Are you 18 years old or older (all applicants must be 18 years old)? YES  NO

Do you have a guardian? YES  NO

If yes, list name and contact information below:

Name: \_\_\_\_\_

Phone contact: \_\_\_\_\_

Who is filling out this application? \_\_\_\_\_

If other than the applicant, who is filling out this application? \_\_\_\_\_

(NOTE: We can only receive applications directly from the applicant.)

**PLEASE CHECK THE FOLLOWING CHOICES THAT APPLY TO YOU:**

Note: At least 2/3 of the selected group must be self advocates/family members.

\_\_\_\_\_ A person with a disability.

\_\_\_\_\_ A person who works at an agency that serves individuals with disabilities.

Name of agency: \_\_\_\_\_

\_\_\_\_\_ A parent of a person with a disability.

Age of Child/Children with disability \_\_\_\_\_

\_\_\_\_\_ A family member, other than parent, of a person with a disability.

Age of family member(s) with disability \_\_\_\_\_

Describe relationship(s) (Sibling, spouse, etc.)

\_\_\_\_\_

\_\_\_\_\_ Other (describe)

\_\_\_\_\_

If you are a **self advocate** or **family member**, please specify the disability (or disabilities) for yourself, child, or family member:

\_\_\_\_\_

\_\_\_\_\_

**APPLICATION QUESTIONS:** Please answer all questions to follow that are applicable to you. If you need additional space for your answers please feel free to make attachments as necessary.

1. What do you hope to gain from Partners in Policymaking?

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2. Is there one specific issue, area of concern, or problem that encourages you to apply to this program?

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3. Please describe how disability affects your life, either personally or through a family member with a disability.

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4. What types of experiences have you had in advocating for people with disabilities? Please describe in detail, listing efforts in letter-writing, personal advocacy, public testimony, etc. (Note: If you do not have these experiences, still apply! Partners will offer these types of experiences).

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5. What is your vision for people with disabilities in New Mexico?

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6. What services are you or your child currently receiving? (For example: therapy, respite care, case management, vocational, etc.)

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7. Please list involvement in organizations or civic groups and offices held. Note that this is not a requirement to apply. (For example: Arc, Board Member; PTA, President; etc.) Name of Organization

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8. Please describe what impact you want to make in the community and how you see yourself taking what you learn from Partners in Policymaking® back to your community.

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9. Is there anything else that is important for us to know about you?

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10. Please list 2 people who know of your interest in disability issues. (For example: employer, teacher, spiritual advisor, etc.) Please note that we may be contacting them for references.

<b>A) Name:</b> _____	<b>B) Name:</b> _____
Address: _____	Address: _____
City: _____	City: _____
Telephone (____) _____	Telephone (____) _____
Daytime Number (____) _____	Daytime Number (____) _____

11. How did you learn about Partners in Policymaking?

- Partner who already graduated: \_\_\_\_\_
- Agency: \_\_\_\_\_
- Email from: \_\_\_\_\_
- Other: \_\_\_\_\_

## PERSONAL COMMITMENT

The Partners in Policymaking project requires a significant commitment of time and energy. Participation involves a two-day program per month from March 2013 to September 2013. Each month, simple homework is required to be completed and submitted at the next session. In addition, each participant must participate in a small group project to be completed during the course of the year. Please consider your commitment to this program before applying.

1. I am **committed** to attending seven, two-day sessions: \_\_\_Yes \_\_\_No
2. I understand that attendance is **required**: \_\_\_Yes \_\_\_No
3. I am **committed** to completing monthly homework assignments: \_\_\_Yes \_\_\_No
4. I understand that completing homework assignments is **required**: \_\_\_Yes \_\_\_No
5. I am **willing** to participate in one small group project: \_\_\_Yes \_\_\_No
6. I understand that completing the project is **required**: \_\_\_Yes \_\_\_No

**Partners in Policymaking is not an entitlement program. Participation in the program is highly competitive and spaces are limited. If you are accepted to be a participant in the 2013 class of Partners in Policymaking, it is expected that you will attend and actively participate in each and every session. Failure to fulfill the terms and conditions of this training program will result in your being asked to leave the program.**

**I have read and understand the foregoing admonishment and agree to govern myself accordingly.**

**Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_**



## APPLICANTS COMPLETE THESE SECTION

Please answer the following questions to help us to be prepared for the session if you are selected. The answers to these questions are not considered as part of the application review process.

### ACCOMMODATIONS

1. Please check the following accommodations you would need in order to participate:

- Wheelchair access
- Larger print. Font size: \_\_\_\_\_
- Seating near front
- Sign Language Interpreter
- Language translation services. Language: \_\_\_\_\_
- Other (be specific): \_\_\_\_\_

2. Do you currently have a personal care assistant for your daily living needs? YES  NO

3. SPECIAL MEAL REQUESTS: Partners in Policymaking will make their best effort to accommodate meal accommodations but it is up to the participant to remind hotel staff to insure their needs are met. Partners in Policymaking cannot be responsibility for the modifications to meal requests. Please check the special meal requirements that apply:

- Vegetarian
- Vegan
- Food allergies: \_\_\_\_\_
- Other: \_\_\_\_\_

4. HOTEL ACCOMMODATIONS: All selected participants will be offered lodging at a designated hotel at **double occupancy** including Albuquerque residents. It is recommended for all participants to stay at the hotel but it is not mandatory. Rooms are only available for participant (not their family members, friends, etc). **IMPORTANT NOTE: The Partners program does not provide on-site respite/child care or personal care attendant services.**

DOUBLE OCCUPANCY ROOMS:

Would you stay at the hotel (it is recommended but not mandatory)? YES  NO

SINGLE ROOMS: Partners will only offer single occupancy rooms if a personal care will be staying with the participant or if a physician signs a note of "medical necessity" to have single occupancy.

Would a personal care attendant be staying with you? YES  NO

Do you anticipate a signed letter from your physician stating medical necessity for single room occupancy? YES  NO

You choose to stay in a single room but did not check either of the above, so you know that you will be responsible to half of the price of the room. YES

ACCESSIBLE ROOM:

**Would you require an accessible room? YES  NO**

Please note any additional comments in regards to lodging:

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**If you are selected, check the following if you agree:**

- I will allow Partners in Policymaking to distribute my email address to other Partners currently in the program.
- I will allow Partners in Policymaking to distribute my email address to Partners graduates.
- I will allow Partners in Policymaking to distribute my email address to interested state agencies with the intent to connect to leaders and advocates in New Mexico.

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Signature of Applicant

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Date

RETURN ENTIRE APPLICATION BY DECEMBER 14, TO\*:  
 NM Partners in Policymaking  
 2300 Menaul Blvd NE, Albuquerque, NM 87107  
 Attention: Lauriann King

\*You will receive a notification of the receipt of your application. If you have not received notification of the receipt of your application by December 19, you need to contact us immediately because that means we have not received your application. Applicants will receive notification that they have been accepted into the program by the end of January 2013.

*Thank you for your interest in Partners in Policymaking!  
Please feel free to share copies of this application with anyone who may be interested.*