

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 three sessions that are three days long each, and the sessions occur in Albuquerque.
- ▶ There are three sessions that are held via-zoom technology as follows: **Session One** - September, October and November 2020; **Session Two** -January and February 2021; **Session Three** -March and April 2021.
- ▶ Partners will meet with their regional team via zoom technology in mid-November 2020 and January 2021, as well as late February and early March 2021.
- ▶ 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
 - ❖ Taking care of yourself as an advocate and Mindfulness

Who should apply?

You should consider applying if 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 (Please be advised that this is not an academic program).
- You want to find out more about the value of inclusion.

When and Where?

Attendance of all sessions is required. The sessions will occur virtually via-zoom technology in **September to November 2020, and January to April 2021** (there are no sessions in December, but there will be zoom meetings with your regional teams scheduled between mid-November 2020 and January 2021, as well as late February and early March 2021).

2020	2021
September 30	January 13, 20, 27
October 7, 14, 21, 28	February 3, 10, 17, 24
November 4, 11	March 10, 17, 24, 31
	April 6, 13, 20

What is The Cost?

The cost of the training program is waived for participants who are selected to attend. New Mexico Partners in Policymaking is supported in part by the N.M. Department of Health-DDSD Division and the N.M. Developmental Disabilities Planning Council.

Need Assistance?

If you need assistance to complete this application, contact Debbie Montana at 505-272-9005 or email the Partners in Policymaking team at CDD-PartnersPolicymaking@salud.unm.edu, **by July 31, 2020 (one week prior to the deadline).**

Application Deadline: August 7, 2020

Applications must be sent **via-email** and marked as being sent by **midnight, August 7, 2020.**

Return to: *New Mexico Partners in Policymaking*

Any questions may be directed to Debbie Montana at (505) 272-9005 or email the Partners in Policymaking team at CDD-PartnersPolicymaking@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 within (3) three days of submission, then you will 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 mid-September 2020.**



New Mexico Partners in Policymaking 2020-2021 SESSION APPLICATION*

* Application is only good for **this** session. If you have completed an application in the past, you will need to fill out a new application. **Deadline** to submit completed application: **August 7, 2020**

RETURN THIS APPLICATION BY EMAIL ONLY

CDD-PartnersPolicymaking@salud.unm.edu

For questions, contact Debbie Montana at 505-272-9005

Name: _____

Address: _____

City: _____ County: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

Date of Birth: _____ Age: _____ Occupation: _____

Electronic Mail Address (important even if other than applicant): _____

Note: Applicant must have access to a computer and Wi-Fi in order to participate successfully.

(Optional) Gender _____

_____ 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: _____

Name of Emergency Contact: _____

Relation to Partner: _____

Phone Number: _____

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

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) _____

_____ The program depends on representation from a variety of disability groups. (Optional) Please specify the disability that impacts you or your family:

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?

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

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

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).

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

6. Please list involvement in organizations or civic groups and offices held, or if you are currently participating in any other leadership programs. Note that this is not a requirement to apply. (For example: Arc, Board Member; PTA, President; etc.) Name of Organization)

7. 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.

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

9. 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.

A) Name: _____

B) Name: _____

Email Address: _____

Email Address: _____

City: _____

City: _____

10. How did you learn about Partners in Policymaking?

- Partner who already graduated: _____
- Agency: _____
- Email from: _____
- Other: _____

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

1. ACCESSIBILITY/ACCOMMODATIONS

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

- Larger print. Font size: _____
- Sign Language Interpreter
- Language translation services. Language: _____

b. Do you have access to Wi-Fi and a computer? YES NO

Applicant must have both in order to participate successfully, as this program is currently offered in a virtual manner.

2. EMAIL DISTRIBUTION

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

I will allow Partners in Policymaking to distribute my email address to other Partners, including past graduates. Yes No

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. Yes No

PERSONAL COMMITMENT

The Partners in Policymaking project requires a significant commitment of time and energy. Participation involves a three-day commitment in each of the following months: September 2020, October 2020, January 2021, February 2021, March 2021, and April 2021 . In addition, each participant must participate in a leadership 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 three, three day sessions: ___Yes ___No
2. I understand that attendance is **required**: ___Yes ___No
3. I am **committed** to attending a virtual regional team meeting between sessions, a total of two: ___Yes ___No
4. 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 2020-2021 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:** _____

EMAIL COMPLETED **APPLICATION BY AUGUST 21, 2019 TO:**

CDD-PartnersPolicymaking@salud.unm.edu

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