



APPLICATION FOR PARTICIPATION

CLASS SCHEDULE

Session 1 Dates: **October 2 - 3, 2021 IN PERSON**

Session 2 Dates: **November 6 - 7, 2021 Saturday & Sunday**

Session 3 Dates: **December 4 - 5, 2021 Saturday & Sunday**

Session 4 Dates: **January 8 - 9, 2021 Saturday & Sunday**

Session 5 Dates: **February 9 -10, 2022 IN PERSON**

Session 6 Dates: **March 5 - 6, 2022 Saturday & Sunday**

Session 7 Dates: **April 2 - 3, 2022 Saturday & Sunday**

Session 8 Dates: **May 14 - 15, 2022 Saturday & Sunday**

Graduation Celebration with Alumni - June 11, 2022 IN PERSON

APPLICATION DEADLINE: June 1, 2021

Note: This application is for Kentucky applicants only.

APPLICATION DECISION BY: June 15, 2020

Date

TO APPLY BY MAIL: 656 Chamberlin Ave, Suite 2, Frankfort, KY 40601

Partners coordinator's mailing address

TO SUBMIT ELECTRONICALLY: CCDD@KY.GOV

Partners coordinator's email address

PLEASE PRINT IN INK

Name

Street Address

City

County

State

Zip

Email

Home Phone ()

Work Phone ()

Cell Phone ()

Email

Please continue onto the next 3 pages

1. Are you a person with a disability? yes no (If no, proceed to Question 2.)

a. If so, please specify your disability and provide information about how it affects your daily life:

b. What kinds of support services or technology services/devices do you use or do you receive?

2. Are you a family member of a person with a developmental disability? yes no (If no, proceed to Question 3.)

a. If so, what services does your family member receive?

b. Check one in each column for each family member with a developmental disability:

PERSON 1		PERSON 2		PERSON 3	
Age	Disability	Age	Disability	Age	Disability
<input type="radio"/> B-3	<input type="radio"/> Physical	<input type="radio"/> B-3	<input type="radio"/> Physical	<input type="radio"/> B-3	<input type="radio"/> Physical
<input type="radio"/> 4-7	<input type="radio"/> Cognitive	<input type="radio"/> 4-7	<input type="radio"/> Cognitive	<input type="radio"/> 4-7	<input type="radio"/> Cognitive
<input type="radio"/> 8-10	<input type="radio"/> Emotional/Behavioral	<input type="radio"/> 8-10	<input type="radio"/> Emotional/Behavioral	<input type="radio"/> 8-10	<input type="radio"/> Emotional/Behavioral
<input type="radio"/> 11-14	<input type="radio"/> Sensory	<input type="radio"/> 11-14	<input type="radio"/> Sensory	<input type="radio"/> 11-14	<input type="radio"/> Sensory
<input type="radio"/> 15+	<input type="radio"/> Other	<input type="radio"/> 15+	<input type="radio"/> Other	<input type="radio"/> 15+	<input type="radio"/> Other

c. Please specify by person his/her disability and provide information about how it affects his/her daily life and that of your family.

d. Please provide specific information on how this diagnosis or disability affects your access to necessary or needed services.

e. Is your family member receiving special education services? yes (If yes, please describe those services) no

3. Do you, or does your family member, meet the federal definition of a person with a developmental disability?

yes no

5. In-person sessions begin with check-in and lunch at 11:00 a.m. on the first day and ending around 3:00 p.m. on the second day. Sessions are held at (location): Hampton Inn - Frankfort, KY: 1310 US 127 South, Frankfort, KY
Rooms and all meals are provided.

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.

a. Attendance is required at each weekend session. Whether in-person or via zoom. Will you make a time commitment of two days, one weekend a month (October through June), for nine months? 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 weekend sessions? yes no

c. Can you commit to doing a project after graduation? yes no

6. 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)?

7. Do you require interpreter services (such as American Sign Language (ASL), or other language translation)?

yes no If yes, please specify:

8. If you are a parent, will you be using respite/child care services so you can participate in the Partners program? yes no

9. If you are a person with a disability, will you be using personal care assistant (PCA) services during the weekend sessions? yes no Please note: The CCDD will reimburse for services but does not provide services.

10. Are you currently a member of, volunteer for, or involved with, an advocacy organization? yes no

If yes, what is the name of the organization(s) and what role(s) do you play?

11. Please tell us about yourself/your family.

a. If you are working, tell us about your job and the kind of work you do:

b. If you are in school, tell us about the types of classes you are taking:

c. In what type of community/volunteer activities are you involved?

d. Do you have a guardian? If so the guardian must complete this paperwork.

12. Tell us why you want to participate in the Partners in Policymaking program.

13. How did you learn about the Partners in Policymaking Program?

Questions about KPIP? Contact the CCDD Office at (502) 564-7841 or in-person at 656 Chamberlin Avenue, Suite C Frankfort, KY 40601