## APPLICATION FOR PARTICIPATION

### CLASS SCHEDULE

| Session 1 Dates: | September 16-17, 2022 Friday & Saturday, In Person |
| Session 2 Dates: | October 7-8, 2022 Friday & Saturday, Via Zoom |
| Session 3 Dates: | November 4-5, 2022 Friday & Saturday, In Person |
| Session 4 Dates: | January 6-7, 2023 Friday & Saturday, In Person |
| Session 5 Dates: | February 3-4, 2023 Friday & Saturday, Via Zoom |
| Session 6 Dates: | March 2-3, 2023 Thursday & Friday, In Person |
| Session 7 Dates: | April 7-8, 2023 Friday & Saturday, Via Zoom |
| Session 8 Dates: | May 19-20, 2023 Friday & Saturday, In Person |

### APPLICATION DEADLINE: **July 31, 2022**

Note: This application is for Kentucky applicants only.

**APPLICATION DECISION BY:** **August 15, 2022**

**TO APPLY BY MAIL:**

656 Chamberlin Ave, Suite 2, Frankfort, KY 40601

**TO SUBMIT ELECTRONICALLY:** CCDD@KY.GOV

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**PLEASE PRINT IN INK**

Name

Street Address

City                County

State               Zip            Email

Home Phone (        )            Work Phone (        )

Cell Phone (        )            Email

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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 yes, please specify your disability and provide information about how it affects your daily life:
   ____________________________________________________________
   ____________________________________________________________

   b. What kinds of supports 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:

<table>
<thead>
<tr>
<th>PERSON 1</th>
<th>PERSON 2</th>
<th>PERSON 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Disability</td>
<td>Age</td>
</tr>
<tr>
<td>○ B – 3</td>
<td>○ Physical</td>
<td>○ B – 3</td>
</tr>
<tr>
<td>○ 4 – 7</td>
<td>○ Cognitive</td>
<td>○ 4 – 7</td>
</tr>
<tr>
<td>○ 8 – 10</td>
<td>○ Emotional/Behavioral</td>
<td>○ 8 – 10</td>
</tr>
<tr>
<td>○ 11–14</td>
<td>○ Sensory</td>
<td>○ 11–14</td>
</tr>
<tr>
<td>○ 15+</td>
<td>○ Other</td>
<td>○ 15+</td>
</tr>
</tbody>
</table>

   c. Please specify by child his/her disability and provide information about how it affects their daily life:
   ____________________________________________________________
   ____________________________________________________________

   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 the evening before class and end around 4:00 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 training sessions unless a family member is serving as a personal assistant to a class member.

a. Attendance is required at each session. Will you make a time commitment of two days, a month from September through May?  
   - 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 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 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 sessions?  
   - yes  
   - no

Please note: The CCDD will reimburse for services but does not provide services. CCDD is a payor of last resort.

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?

The Commonwealth Council on Developmental Disabilities (CCDD) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CCDD does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.