



APPLICATION FOR PARTICIPATION

CLASS SCHEDULE

Session 1 Dates: **September 15-16, In Person**

Session 2 Dates: **October 13-14, 2023, Via Zoom**

Session 3 Dates: **November 10-11, 2023, In Person**

Session 4 Dates: **January 12-13, 2024, In Person**

Session 5 Dates: **February 16-17, 2024, Via Zoom**

Session 6 Dates: **March 7-8, 2024, TH/ FR Capitol Visit**

Session 7 Dates: **April 12 - 13, 2024 Via Zoom**

Session 8 Dates: **May 17 - 18, 2024 In Person**

Graduation Celebration with Alumni – May 17-18, 2024

APPLICATION DEADLINE:

June 30, 2023

APPLICATION DECISION BY: **July 3, 2023**

TO APPLY BY MAIL: **1024 Capital Center Drive, Frankfort, KY 40601**

TO SUBMIT ELECTRONICALLY: **ccdd@ky.gov**

Please print in ink. NOTE: If you have a guardian, they MUST SIGN the paperwork!

Name

Street Address

City

County

State

Zip

Email

Home Phone ()

Cell Phone ()

Guardian's Signature if Applicable:

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

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 their disability & describe how it affects their life & that of the family. (use back of paper if necessary)

d. Please provide specific information on how the 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

Federal Definition of Developmental Disability

According to the Developmental Disabilities Assistance and Bill of Rights Act, the term “developmental disability” means a severe, chronic disability of an individual that:

- is attributable to a mental or physical impairment or combination of mental and physical impairments;
- is manifested before the individual attains age 22;
- is likely to continue indefinitely;
- results in substantial functional limitations in 3 or more of the following areas of major life activity:
 - Self-care.
 - Receptive and expressive language.
 - Learning.
 - Mobility.
 - Self-direction.
 - Capacity for independent living.
 - Economic self-sufficiency; and
- reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated;

Infants and Young Children - An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting 3 or more of the criteria described in clauses (i) through (v) of subparagraph (A) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

4. In-person sessions begin with check-in and lunch at 11:00 a.m. on the first day and end around 3:00 p.m. on the second day. Sessions are held at: Hampton Inn - Frankfort, KY: 1310 US 127 South, Frankfort, KY

Rooms and all meals are provided.

PLEASE NOTE: The Partners program does not provide onsite childcare 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 (September through May), for eight 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

5. 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)?

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

☐ yes ☐ no If yes, please specify:

7. If you are a parent, will you be using respite/childcare services so you can participate in the program?

☐ yes ☐ no

8. Will you be using personal care assistant services during the sessions?

☐ yes ☐ no

9. 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?

10. Identify one or more specific problems or issues that are of great importance to you regarding disability.

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?

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 Nicole Maher at nicole.maher@ky.gov or (502) 226-0784

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.