

LEADERS IN POLICY ADVOCACY PARTICIPANT APPLICATION

Leaders in Policy Advocacy (LIPA) is an intensive, innovative leadership program for adults with developmental disabilities¹ and parents of children with developmental disabilities. Participants will be trained and supported to become leaders in the disability rights movement.

Participation in LIPA requires a significant time commitment. Six (6) weekend sessions begin with check-in on the first day (a Friday) at 12:30 p.m. and end on the second day (a Saturday) at 3:00 p.m. There is no cost to participate in the training. You will be asked to share a hotel room with another participant, if lodging is required. Meals will be provided and you will be reimbursed for mileage to and from the training sessions. **Attendance is required at each weekend session. Please apply to participate ONLY if you can make a time commitment of two days per month, (one weekend a month), for six months.** If you are able to commit, please place the session dates on your calendar at this time.

If you need assistance completing this application, please contact Salli Christenson at the Arc Michigan at 800 292-7851 or salli.c@arcmi.org

**NEXT LEADERS IN POLICY ADVOCACY CLASS STARTS SOON IN GENESEE COUNTY!
APPLY NOW!
APRIL – SEPTEMBER 2017**

**Location: Holiday Inn Gateway Centre/Flint, 5353 Gateway Centre, Flint, MI 48507
(Off Hill Rd., where I-75 and US-23 meet)**

**DATES: (Must commit to attending all 6 weekends)
April 21st and 22nd, 2017
MAY 5th and 6th, 2017
JUNE 16th and 17th, 2017
JULY 14th and 15th, 2017
2017 AUGUST 4th and 5th (Lansing)
SEPTEMBER 15th and 16th, 2017**

¹ FEDERAL DEFINITION OF DEVELOPMENTAL DISABILITIES

According to the [Developmental Disabilities Act](#), section 102(8), "the term 'developmental disability' means a severe, chronic disability of an individual 5 years of age or older that:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before the individual attains age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas of major life activity; (i) Self-care; (ii) Receptive and expressive language; (iii) Learning; (iv) Mobility; (v) Self-direction; (vi) Capacity for independent living; and (vii) Economic self-sufficiency.
5. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided."

Name:

Address:

City:

County:

Zip Code:

Phone #:

Age:

Ethnicity (optional):

Email address:

Emergency contact: Name

Relationship:

Phone Number

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 supports, services or assistive technology services/devices do you use or do you receive?

2. Are you a parent of a child with a developmental disability? Yes No
 - a. If so, what services does your family or your son/daughter receive?

 - b. How old is your child?

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

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

 - e. Is your son/daughter receiving special education services? YES NO
If yes, describe those services.

3. Do you, or does your son/daughter, meet the federal definition of a person with a developmental disability? Yes No (See the definition on the first page of this application.)

4. Identify one or two specific problems or issues related to disability that are of greatest concern to you.

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 signing or language translation) YES NO
If yes, please specify:

7. If you are a parent, will you be using respite/child care services, so you can participate in the Leaders in Policy Advocacy program? YES NO

PLEASE NOTE: No child care will be provided onsite. However, some reimbursement for the costs of child care may be provided if no other source of funds is available to you.

8. If you are a person with a disability, will you be using personal care attendant services during the weekend sessions? YES NO

PLEASE NOTE: Some reimbursement for the costs of person care attendant services may be provided if no other source of funds is available to you.

9. 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. Are you currently a member of, do volunteer work for, or are involved with an advocacy organization? YES NO

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

d. If in school, tell us about your field of study or the types of classes you are taking:

e. In what type of community/volunteer activities are you involved:

f. What are some of your personal interests:

g. Please share any life experiences that have been special joys or challenges for you, your child or your family:

10. Tell us why you want to participate in the Leaders in Policy Advocacy program.

11. How did you learn about the Leaders in Policy Advocacy Program?

Please submit completed application, by regular mail, fax or email, to:

Salli Christenson at The Arc Michigan, 1325 S. Washington Avenue, Lansing MI 48910, Fax# 517 487-0303 or salli.c@arcmi.org

