

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.
- ▶ Each session begins at midday on Thursday and concludes by 3:00 pm on Saturday.
- ▶ Partners are given brief assignments between sessions and also participate in a small group project.
- ▶ 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

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?

Partners attend three sessions that are three days long each in Albuquerque. Each session begins midday on Thursday and concludes at 3:00 p.m. on Saturday. Attendance of all sessions is required. The sessions will occur **November 2017, January 2018, and March 2018** (we will not meet in person in December or February but there will be a phone conference scheduled in each of these months).

2017

November 9, 10, 11

2018

January 11, 12, 13

March 22, 23, 24

What's The Cost?

The cost of the training program is waived for participants who are selected to attend*. This includes registration for three sessions and meals, all arranged by the Partners in Policymaking staff. All selected participants who live 60 miles or more outside of the Albuquerque area will be offered lodging at no cost. Participants who live within 60 miles of Albuquerque will be responsible for half of the cost of the room (approximately \$50 per night); Lodging at the designated hotel is encouraged but not mandatory. 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 Lauriann King at laking@salud.unm.edu or 505-272-5304, by June 23, 2017 (one week prior to the deadline).

Application Deadline: June 30, 2017

Applications must be postmarked by midnight, June 30, 2017.

Return to: *New Mexico Partners in Policymaking*

Please print the application, **keep a copy for yourself**, and return by June 30, 2017.

Any questions may be directed to Lauriann King at (505)272-5304 at laking@salud.unm.edu, or Lisa Kalberg at (505)272-0926 or lkalberg@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 the end of August 2016.

Keep these first two information pages and mail back the application to:

2300 Menaul Blvd. NE, Albuquerque, NM 87107, Attention: Lauriann King

* Continuation of program is pending funding.

New Mexico Partners in Policymaking 2017-2018 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.

RETURN THIS APPLICATION BY June 30, 2017 TO:

NM Partners in Policymaking

2300 Menaul Blvd. NE, Albuquerque NM 87107,

Attn: Lauriann King

For questions contact Lauriann King at (505)272-5304 or email laking@salud.unm.edu
or Lisa Kalberg at (505)272-0926 or lkalberg@salud.unm.edu

Name: _____

Address: _____

City: _____ County: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

Date of Birth: _____ Age: _____ Occupation: _____

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

(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. 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:

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

b. Do you currently have a personal care assistant for your daily living needs? YES NO

NOTE: The Partners program does not provide personal care attendant services. If you need a personal care assistant on a daily basis, your assistant will need to assist you during the Partners Program.

c. Will you be bringing a service animal? Yes No

2. SPECIAL MEAL REQUESTS

Partners in Policymaking will make their best effort to accommodate dietary restrictions but it is up to the participant to remind hotel staff to insure their needs are met. Partners in Policymaking cannot be responsible for the modifications to meal requests.

Please check the special meal requirements that apply:

- Vegetarian
- Vegan
- Food allergies: _____

3. HOTEL ACCOMMODATIONS

All selected participants who live 60 miles or more outside of the Albuquerque area will be offered lodging at no cost. Participants who live within 60 miles of Albuquerque will be responsible for half of the cost of the room which is approximately \$50 per night (the full cost of the room is \$97 per night plus tax, so the program pays half). It is recommended for all participants to stay at the hotel but it is not mandatory. Rooms are only available for participant (not their family members, friends, etc). **IMPORTANT NOTE:** The Partners program does not provide on-site respite/child care or personal care attendant services.

Will you be staying at the hotel (it is recommended but not mandatory)? YES* NO

Do you live 60 miles or more outside of the Albuquerque area? YES NO

Would a personal care attendant be staying with you (we will reserve a room with two beds)? YES NO

Would you require an accessible room? YES NO

*If you check "yes", and you are accepted into the program we will automatically reserve a hotel room for you. If you decide that you do not want to stay at the hotel, it is your responsibility to contact us three weeks prior to the session; if we reserve a room for you and you do not attend the session, you will be responsible for the cost of the room.

4. TRAVEL

Participants are responsible for driving arrangements to the sessions and hotels. Only fill out this section if you live **more than 60 miles outside** of Albuquerque.

Will you be requesting a stipend for gas mileage? Yes No

5. 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 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: November 2017, January 2018, and March 2018. Each month, simple homework is required to be completed and submitted at the next session. 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 regional team meeting between sessions (can be by phone), a total of two: ___Yes ___No
4. I understand that completing the project is **required**: ___Yes ___No
5. I **understand** that this training is just for me, and I will only bring family members/children to the closing ceremony (However, if I need a personal care attendant, they can attend and the program will cover their meals and hotel accommodation). ___Yes ___No
5. I **understand** that this is considered a conference and I am responsible and liable for myself and my personal belongings: ___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 2017-2018 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:** _____

RETURN ENTIRE APPLICATION BY JUNE 30, 2017 TO*:
NM Partners in Policymaking
2300 Menaul Blvd NE, Albuquerque, NM 87107
Attention: Lauriann King

*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) days of submission, you 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 the end of August 2017.

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