PARTNERS IN POLICYMAKING ACADEMY
Application and Overview
The Partners in Policymaking Academy is a national leadership training program for adults with disabilities and parents of children with disabilities. The program teaches leadership skills and techniques to develop positive partnerships with elected officials, school personnel and other individuals who make policy decisions about services that you and/or your family use. More than 600 Hoosiers have graduated from the Indiana Partners in Policymaking Academy since it began in 1991.

- Are you a parent of a child with a disability or a person with a disability?
- Would you like to see a barrier-free society where everyone is a valued member of their community?
- Are you interested in promoting change within your community? Within the state?

If you answered yes to these questions, you might be interested in becoming one a graduate of Indiana’s Partners in Policymaking Academy. The Council is proud of our Indiana Partner graduates. Graduates are actively involved in all Council projects and initiatives including as members of the board. Partner grads are also advocating for better services and supports for themselves, their families and others in their communities. They give back by advocating as volunteers and paid staff for organizations and agencies across the state, by serving on state and local boards and committees, being appointed to Mayor’s and Governor’s Commissions, leading advocacy groups, working for Independent Living Centers, founding local and statewide organizations, promoting better school and government policies and much more.

In monthly sessions, you will have the opportunity to practice new skills in a comfortable and safe environment, build a network of people from diverse cultural backgrounds and life experiences, and learn from national experts.

Partners in Policymaking is about systems change –creating, working toward and achieving a vision of shared values about people with disabilities. This program is based on the belief that the most effective and enduring public policy decisions are made by the people who need and use services in partnership with policymakers.

It’s about becoming confident in yourself, competent in the knowledge and information you’ll receive, and comfortable in sharing the life experiences and expertise you bring to the program.

Partners in Policymaking is a commitment to:

- Attend eight monthly sessions in the Indianapolis area. Generally, sessions run every other year from October through May with each one taking place Friday from noon until 8:30 p.m., and Saturday from 9 a.m. until 4 p.m.
- Sign an agreement to attend all sessions and complete homework assignments, including a personal community project.

Partners in Policymaking is based on a program developed by the Minnesota Governor’s Council on Developmental Disabilities. Partners are widely recognized throughout the United States and overseas. The program is open to a limited number of people. Every other year, 35 Hoosiers with disabilities and family members are selected to participate in this Academy. If selected, hotel, travel, childcare and other related expenses are covered by the program.

Academy graduates agree that the commitment is well worth the life changes that result from the training program. If you are someone who can make this level of commitment, we invite you to apply to be a member of the next class by completing an application.
Instructions:
Partners in Policymaking is an advocacy training program for people with disabilities held one weekend a month over eight months. Although costs are covered, a substantial commitment of time and effort is required. Please review the description and program requirements at: [http://in.gov/gpcpd/2465.htm](http://in.gov/gpcpd/2465.htm). If you can agree to the commitment, complete the application below and return to the Indiana Governor’s Council for People with Disabilities by Monday, May 7, 2018. Applications can also be completed online at Apply to Partners in Policymaking. If you have any questions about the program or application please call (317) 232-7770 or email partners@gcpd.in.gov.

Applications can be submitted by mail to: Indiana Governor’s Council for People with Disabilities, 402 West Washington Street, Room E145, Indianapolis, IN 46204; by email to Partners@gcpd.in.gov; by fax to (317) 233-3712; or online at Apply to Partners in Policymaking.

NAME: ___________________________________________ DATE: ________________

ADDRESS: ____________________________________________

COUNTY: ___________________________ (STAFF ONLY)

CURRENT EMPLOYER (if applicable): ____________________________________________

POSITION: ____________________________________________

DAY TELEPHONE: ______________________ FAX: ______________________

EVENING TELEPHONE: ______________________ CELL: ______________________

EMAIL: ____________________________________________

How did you learn about Partners? ____________________________________________

Is the person who referred you a graduate Partner? ________________

Do you have readily available access to the Internet?  □ Yes  □ No

**DEMOGRAPHIC INFORMATION** (Confidential)

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<th>Gender:</th>
<th>□ Male</th>
<th>□ Female</th>
<th>□ Other</th>
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<th>□ 26-35</th>
<th>□ 36-45</th>
<th>□ 46-60</th>
<th>□ 61-70</th>
<th>□ 71+</th>
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<th>□ $15,001-$25,000</th>
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<th>□ Caucasian</th>
<th>□ Hispanic</th>
<th>□ Native American</th>
<th>□ Other</th>
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**OFFICE USE ONLY**

| □ Received Date ________ | □ Processed Date ________ | □ Reference Received ________ | □ Staff Initials ________ |
1. I am a person with a disability.  ❑ Yes  ❑ No
   a. My disability occurred before the age of 22 and affects me significantly in several life areas.  ❑ Yes  ❑ No

2. I am a parent or caregiver of a person with a disability.  ❑ Yes  ❑ No

3. I am a person with a disability and a parent or caregiver of a person with a disability.  ❑ Yes  ❑ No

4. Please list all household members including yourself.

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<tr>
<th>First and Last Name</th>
<th>Age</th>
<th>Relationship to Applicant</th>
<th>Gender</th>
<th>Disability, if applicable</th>
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4. Please describe your disability and/or your family member’s disability, and how it affects self-care, learning, receptive and expressive language, mobility, capacity for independent living, and economic self-sufficiency.

5. What services (waiver services, special education, respite care, vocational training, case management, etc.) do you and/or your family member receive?

6. Why are you interested in participating in the Partners in Policymaking Academy? Is there a specific issue, problem, or area of concern that encouraged you to apply?
7. Explain why you are an excellent candidate for this program.

8. Describe your ability to work as part of a team and give an example of when you collaborated with others.

9. Do you currently belong to any advocacy or civic organizations, or support groups? If so, list them along with any offices you may hold. (Note: Membership in other organizations is not a requirement for your participation in this project.)

10. What types of experiences have you had in advocating for people with disabilities?
11. What skills, knowledge and abilities do you hope to gain if you are accepted into the Partners in Policymaking Academy?


12. If you are accepted, how will you use the skills and information you acquire for yourself/family and for others and the community?


13. I will make a time commitment of two days once per month for 8 months.  □ Yes □ No
14. I am employed and have talked with my employer to arrange my work schedule.  □ Yes □ No □ N/A
15. I agree to complete homework assignments.  □ Yes □ No
16. Are there any accommodations or assistance that you need to participate in this program?


19. Do you have more information that you would like to share? (You may use the back page of the application)
2018-2019
PARTNERS IN POLICYMAKING ACADEMY
Application for Participation

Application References

APPLICANT NAME: ____________________________ DATE: _____________

Reference 1:

Name: _______________________________________
Address: _____________________________________
City, State, Zip: ________________________________
Preferred Phone: _______________________________
E-mail: _______________________________________
Relationship: __________________________________

Reference 2:

Name: _______________________________________
Address: _____________________________________
City, State, Zip: ________________________________
Preferred Phone: _______________________________
E-mail: _______________________________________
Relationship: __________________________________