



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Application for Participants**

**Partner:** An advocate is one who represents another person’s needs and interests to others. A Partner in Policymaking is one who advocates for positive changes in policies that affect people with developmental disabilities and their families.

**Duties:** Attend one orientation session and eight monthly training sessions and complete assignments between sessions with the objective of becoming a leader for positive change in public policy.

**Qualifications:**

1. Commitment to building communities that include and value everyone.
2. Commitment to high quality services for everyone.
3. Sensitivity to the needs of people and ability to see things from the point of view of others.
4. Willingness to use constructive advocacy techniques to affect social change.
5. Willingness to commit to assisting others to reach their goals.
6. Willingness to commit to attending the orientation and all eight training sessions, and complete class assignments.

Name					
Street address			City	State	Zip
Area code	Home phone	Area code	Work phone	Area code	Fax
E-mail					

Optional information to allow us to ensure a diverse membership in the class:

Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Age	Race
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1. Are **you** a person with a developmental disability? Yes  No

See definition on page 6.

If yes, please describe the disability or disabilities:



OKLAHOMA  
**Partners**  
IN POLICYMAKING

2. Are you a **parent, foster parent, sibling, or guardian** of a person with a developmental disability? Yes  No  Other  Explain: \_\_\_\_\_  
If yes:
- (a) What is the disability or disabilities?
- (b) Describe how the disability affects the ability of your son, daughter, or sibling in the areas of major life activity. See Part D of the definition on page 6.
- (c) How old is your son, daughter, or sibling? \_\_\_\_\_
- (d) Describe the school placement:
- (e) Does your son, daughter, or sibling live with you? Yes  No
- (f) Do you have other children? Yes  No
3. What services, such as employment, attendant, respite care, or case management, are you or your child currently receiving?
4. Why are you interested in participating in the Partners in Policymaking program?
5. Is there a specific issue, area of concern, or problem that encourages you to apply for this program?
6. Will you make a commitment to attend eight monthly two-day sessions held on Saturday and Sunday? Yes  No
7. Are you willing to do homework assignments? Yes  No

8. Will you travel to Oklahoma City to attend the regularly scheduled meetings? Yes  No

9. Are there any special accommodations necessary for you to participate in this program? Yes  No   
If yes, explain.

(a) Request for accommodations. Please indicate any and all accommodations necessary for your participation in the program. Failure to disclose needed accommodations will result in our inability to meet your needs.

- Sign language interpreter
- Materials in Braille
- Materials in large print. List preferred font size \_\_\_\_\_
- Materials in audiotape, if available
- Special diet. Describe, for example vegetarian or diabetic: \_\_\_\_\_
- Respite care reimbursement. Number of children \_\_\_\_\_
- Attendant services not already provided
- Positioning needs
- Transportation reimbursement
- Own car  Cab or van
- Accessible overnight accommodations, must live 60 miles away:
- Roll-in shower  Tub with grab bars  Other  Explain: \_\_\_\_\_

(b) Graduate mentor. A graduate mentor is available for all Partners in Policymaking participants. He or she may assist with activities such as homework assignments and note-taking.

(c) Prescription and non-prescription medications. So that we may do our best to ensure that you are comfortable and safe, please provide us with information regarding your prescription and non-prescription medications. This information is confidential and does not affect our decision to select you for this class.

Do you require prescription and non-prescription medications on a regular basis? Yes  No

If so, do you need or does your provider agency or parent or guardian require you to have assistance in taking this medication?

- Yes, professional medical personnel
- Yes, non-professional medical personnel
- No

If assistance is required, please complete:

Name of medication	Dosage and instructions	When or how often?

Do you have any allergies? Yes  No

If yes, please describe: \_\_\_\_\_

Please list any health conditions and precautions, such as seizure disorder:

10. Emergency contact:

Name	Phone

11. Please list any membership in advocacy organizations and indicate any office held. Membership in other organizations is NOT a requirement.

12. What types of experience have you had in advocating for people with developmental disabilities?

13. Please tell us a little about yourself and your family:

14. List two references.

1. Name			Phone
Street address	City	State	Zip
2. Name			Phone
Street address	City	State	Zip

15. Please indicate how you learned about Partners in Policymaking:

Please mail the completed form to:

Partners in Policymaking  
 Oklahoma Developmental Disabilities Council  
 2401 North West 23<sup>rd</sup> Street, Suite 74  
 Oklahoma City, Oklahoma 73107

or fax to:

405-521-4910  
 Attention: LeAnna Hart

Questions? Call LeAnna at 405-521-4984 or e-mail [Leanna.hart@okddc.ok.gov](mailto:Leanna.hart@okddc.ok.gov).

Partners in Policymaking is funded by the Oklahoma Developmental Disabilities Council.



**Developmental disability definition:**

The term developmental disabilities means a severe, chronic disability of a person five years of age or older which:

- (a) is attributed to a mental or physical impairment or a combination of mental and physical impairments;
- (b) is manifested before the person attains age 22;
- (c) is likely to continue indefinitely;
- (d) results in substantial functional limitations in three or more of these areas of major life activities:
  - self-care;
  - receptive and expressive language;
  - learning;
  - mobility;
  - self-direction;
  - capacity for independent living; and
  - economic self-sufficiency; and
- (e) reflects the persons need for a combination and sequence of special, interdisciplinary, generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated; except that such term when applied to infants and young children means individuals from birth to age five, inclusive, who have substantial developmental disabilities or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

Source: Developmental Disabilities Assistance and Bill of Rights Act of 1990.