

**Application**

Partners in Policymaking ® is an innovative leadership program created specifically to teach people with disabilities and the parents of young children with disabilities to:

- Become agents of long-term change.
- Be active partners with the policymakers whose decisions will shape their future.
- Dream about a future with possibilities.

Please use the following definition below when filling out questions number 1, 2a and 2b.

**A.** The term "**developmental disability**" means a severe, chronic disability of an individual 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 3 or more of the following areas of major life activity:
5. Self-care.
6. Receptive and expressive language.
7. Learning.
8. Mobility.
9. Self-direction.
10. Capacity for independent living.
11. Economic self-sufficiency; and
12. 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.

**B.** **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 above (i.- v.) of paragraph (A) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

*-Developmental Disabilities Act(2000)*

*Information on how to return the application is located on the last the page of the application.*

South Carolina Partners in Policymaking®

Name:			
Street Address:			
City:			
State:	Zip:	County:	
Home Phone Number:		Work Number.	
Email Address:			
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth:
Race/Ethnic Background	African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other <input type="checkbox"/>		
1. Are you a person with an intellectual or developmental disability?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please describe as listed in A (on the front).			
2. Are you a parent of a child with an intellectual or developmental disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Child's Date of Birth (MM/DD/YYYY):

a. If Yes, What is your child's disability or disabilities? Please describe as listed in B (on the front).

b. Describe how the disability affects your child's ability to function in at least three areas of major life activity.

c. Describe your child's school program.

d. Does your child live at home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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3. What services (employment, personal assistant, respite care, service coordination, etc.) are you or your child currently receiving?

4. Why are you interested in participating in the Partners in Policymaking ® program? Is there a specific issue, area of concern, or problem that encouraged you to apply?

5. If selected to participate in the Partners in Policymaking ® program, I will:

a. Travel to Columbia to attend the regularly scheduled training session? <i>Mileage and respite reimbursed.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Make a commitment to attend all 2-day training sessions, held once a month for five months? <i>Friday afternoon/evening &amp; all day Saturday.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Complete all homework assignments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Authorize use of pictures/contact info for promotional activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6. Are there any special accommodations necessary for you to participate in this program?

Yes  No

If Yes, describe accommodations needed (accessibility, interpreter, respite care, personal assistant services, etc.) **These accommodations will be provided by the SC DD Council at no cost.**

7. Presenters and/or participants may use a service animal. A service animal is most often a dog that has been individually trained to do work or perform tasks for an individual with a disability. Would being in close proximity to a service animal cause you discomfort or health concerns?

Yes  or No  If yes, please describe.

8. Please list any membership in other advocacy organizations and indicate any office held. (Membership in other organizations is not a requirement.)

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

10. Please tell us a little about yourself and your family. (You may use additional pages.)

Please list two references. Include names, addresses and phone numbers.

1.

2.

Please send the completed application to: **SC Developmental Disabilities Council**  
**Attention: William Farrior**  
**1205 Pendleton, Suite 461**  
**Columbia SC, 29201**

**Email: [william.farrior@admin.sc.gov](mailto:william.farrior@admin.sc.gov)**

**Phone: (803) 734-4190**

**Fax: (803) 734-0241**