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| **DC Advocacy Partners** |
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**2020 Application for Participation**

**DC Advocacy Partners (DC AP)** is a leadership training program designed for self-advocates and family members of individuals with intellectual and/or other developmental disabilities. There is no cost to participate in the program. Through this program, you will gain leadership skills and techniques to help develop positive partnerships with elected officials, program administrators, school personnel, and other community leaders. You will become a policy influencer and will interact with policymakers and implementers regarding services that you and/or your family may use. You will be given opportunities to engage in interactive online learning experiences and gain valuable information about current issues, services, and strategies, as well as legislative processes at local and national levels. As a part of this 6-month program, you will become a member of a DC network of community advocates working together to improve opportunities for Washingtonians with disabilities.

**TOPICS TO BE ADDRESSED INCLUDE:**

* Disability History and the Disabilities Rights Movement
* DC’s Service System & How it Applies to Individuals & Their Families
* Self-Advocacy vs. Systems Advocacy
* Inclusive Education & Family Engagement
* Healthy Living and Mental Health
* Career Awareness, Planning, & Employment
* Community Organizing
* Navigating the Community: Affordable Accessible Housing and Transportation
* Bonus Event: Intelligent Lives Screening/Alum Gathering
* Bringing it Home: Project Presentations & Graduation

**WHO CAN APPLY:**

* A person with an intellectual and/or other developmental disability. (See page 9 for the full “developmental disability” definition); or
* A family member of someone with an intellectual and/or other developmental disability. “Family” is defined broadly as adults and children related biologically, emotionally, or legally, including single parents, blended families, unrelated individuals living cooperatively, and partnered couples who live with biological, adopted, and foster children.

All participants must be DC residents and participants must be adults (ages 18 or up). **THE APPLICATION DEADLINE has been extended to Tuesday, September 8, 2020.** To complete this application, visit http://dcpartners.iel.org/become-a-partner. If you would like an application mailed or faxed to you or need any assistance, please call 202-656-5048. If you have requested a hardcopy, please mail your application to:

**DC Advocacy Partners at the Institute for Educational Leadership**

**4301 Connecticut Ave NW, Suite 100, Washington, DC 20008**

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| **Application for Participation** |
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**Dear DC Resident,**

Attached is your copy of the **DC Advocacy Partners** application**. Before completing this application, please carefully consider the time commitment involved in participating in this program. Our financial obligation to train participants for this program is substantial; therefore your total time commitment is extremely important to us.** Below you will find the items and commitments expected from you and also the items and commitments that the program will provide for you.

**The DC Advocacy Partners Program will:**

* Provide program materials and resources
* Provide reasonable accommodations for those who need them

**Applicant will commit to:**

* Attending all sixteen (16) online training sessions and GRADUATION held in DC or ONLINE
* Completing all assigned activities
* Informing DC AP staff of advocacy activities during the program and after graduation
* Utilizing skills attained through the DC AP Program

**In addition:**

* **Applicants must be 18 years or older**
* Only those who have not already participated in DC Advocacy Partners are eligible
* Only the individual selected to participate may attend sessions
* **Applicants must be residents of DC, residing in Wards 5-8**
* Given that the sessions will be held online, applicants will need to have reliable Internet service and a personal computer or smartphone with video capacity to participate. If you are facing Internet access or technology barriers, please share that information in Application Questions 7 & 8 so we can assist you in seeking out resources to meet this need.

The selection committee seeks a diverse class membership of individuals from across the District and each ward representing a variety of ages, both self-advocates and family members, those who identify as LGBTQ, individuals with a range of disabilities, and various racial and ethnic identities. In all cases, the committee will review answers to questions on each application to select applicants who are committed to full participation in the DC Advocacy Partners program. **Preference will be given to young adults with an intellectual and/or other developmental disability and family members of young or school aged children with an intellectual and/or other developmental disability.**

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| **Application for Participation** |
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**CLASS SCHEDULE**

**Each session will take place every week Tuesday or Wednesday from 2:00pm – 4:00pm and graduation will take place on a Saturday in February.**

**Sessions will be held online. These dates are subject to change.**

September 16, 2020

September 23, 2020

September 30, 2020

October 7, 2020

October 14, 2020

October 21, 2020

October 28, 2020

November 4, 2020

November 10, 2020

November 18, 2020

December 2, 2020

December 9, 2020

December 15, 2020

January 12, 2020

January 19, 2020

January 26, 2020

February 6, 2020 (Graduation)

**APPLICATION INFORMATION**

To apply, you must complete the DC Advocacy Partners application and agreement below.

**PLEASE NOTE:** The information requested on this application is for the purpose of selecting individuals who meet the criteria for participation in the **DC Advocacy Partners** program. The list of names and addresses of graduates that is prepared for each graduating class is taken from applications and considered public data under the DC Government Data Practices Act. This list may be requested and will be released upon request.

**APPLICATION DEADLINE: Tuesday, September 8, 2020**

**PLEASE NOTE:** This application is for **District of Columbia residents only.**

**CONTACT INFORMATION**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ward # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click the box to choose the best method of contact:

Email  Home Phone  Work Phone  Cell Phone

**ADDITIONAL INFORMATION**

1. Are you a person with an intellectual and/or developmental disability? Yes  No

(If no, proceed to Question 2)

**Disability:** Physical  Cognitive  Emotional/Behavioral  Sensory  Other

Please specify/explain your disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did/Do you attend a DC public, charter, or other school?

Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did/Are you receiving special education services? Yes  No

If so, please describe these services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Are you a family member of a person with an intellectual and/or developmental disability? (If no, proceed to Question 3) Yes  No

If yes, what is your relationship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill out the following information about your family member(s) with disabilities.

**Family Member 1**

**Age:** 0 – 5  6 – 12  13 – 18  19 – 30  31+

**Disability:** Physical  Cognitive  Emotional/Behavioral  Sensory  Other

Please specify/explain his/her disability:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does he/she attend a DC public, charter, or other school? Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is your family member receiving special education services? Yes  No

If so, please describe these services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Family Member 2**

**Age:** 0 – 5  6 – 12  13 – 18  19 – 30  31+

**Disability:** Physical  Cognitive  Emotional/Behavioral  Sensory  Other

Please specify/explain their disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does he/she attend a DC public, charter, or other school? Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is your family member receiving special education services? Yes  No

If so, please describe these services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. If you are a professional working with people with disabilities, please explain where you work and your role there. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Please let us know your approximate age by selecting one of the following:

Select one: 18 – 24  25 – 35  36 – 55  55+

5. Please tell us your gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Each weekly session will begin at 2:00 p.m. and end at 4:00 p.m. Upon acceptance into the program, we will inform you of the finalized session schedule. Reasonable accommodations will be provided based on need.

a) Attendance is required at each session. Will you make a time commitment to attend the full two-hour ONLINE session, 2pm to 4pm on designated weekly Tuesdays/Wednesdays, (September through January) for 6 months?

Select one: Yes  No

b.) If you are employed, have you talked with your employer about session attendance and made necessary arrangements, so you can attend all sessions?

Select one: Yes  No

7. Do you have access to a smartphone or personal computer with video camera capabilities?

Yes  No

Please explain any support you may need related to using video on your computer or smartphone to participate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Do you currently have reliable Internet access that will enable you to participate in an online training program? Yes  No

Please explain any support you may need related to Internet access for participation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. What if **any accommodations** do you need to actively participate in the sessions (larger print, sign-language interpreter, language interpreter on screen, opening captioning, other)?

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**PLEASE NOTE:** The DC Advocacy Partners program **does not** provide respite/child care funds or personal care assistance services.

10. Are you currently a member of, doing volunteer work for, or involved with a disability advocacy organization? Yes  No

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

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11. What do you hope to gain by participating in the DC Advocacy Partners program?

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12. Have you participated in any other advocacy training programs? Yes  No

If so, please specify the program.

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| **DC Advocacy Partners Agreement** |
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Completion of this application and selection for the DC Advocacy Partners program requires a substantial commitment of time, motivation, and energy.

* If accepted into the DC Advocacy Partners program, I agree to:

Attend and participate in ALL sixteen weekly online sessions. Each week’s session will be held on Tuesdays/Wednesdays and the graduation will be held on a Saturday in February.

Complete all homework and class assignments.

Complete one plan or project designed to meet competencies.

Respond to brief annual update surveys.

* I give permission for the Institute for Educational Leadership (IEL) to share the answers to the questions on this application with DC Advocacy Partners staff and the selection committee.
* By entering my name below, I certify that I am the applicant represented by the information in this application and that all the information provided in this application is accurate to the best of my knowledge and has been voluntarily disclosed. For the purpose of the DC Advocacy Partners’ application submission your insertion of your name on the signature line qualifies as an electronic signature.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **DC Advocacy Partners Checklist** |
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**Application Checklist:**

Completed DC Advocacy Partners Application

Signed DC Advocacy Partners Agreement

**APPLICATION DEADLINE is September 8, 2020.**

Completed applications can be emailed to [johnsonw@iel.org](mailto:johnsonw@iel.org) or mailed to DC Advocacy Partners, Institute for Educational Leadership, 4301 Connecticut Ave, NW Suite 100, Washington, DC 20008.

**To learn more about DC Advocacy Partners,** visit <http://dcpartners.iel.org/>  or contact Carly Fahey, Institute for Educational Leadership, Phone: 202-656-5048 Email: [faheyc@iel.org](mailto:faheyc@iel.org).

# Federal Definition of Developmental Disabilities

According to the [Developmental Disabilities Act](http://www.gpo.gov/fdsys/pkg/PLAW-106publ402/pdf/PLAW-106publ402.pdf), 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."