



## What are the requirements of participation?

- ★ Participation in 8 **educational leadership development sessions** held one weekend a month in New Brunswick (Friday 2:00 PM – Saturday 3:00 PM)
- ★ Completion of **homework assignments** between sessions, including the development of an **Advocacy Action Plan**

## Is there any cost to participate?

No, expenses are paid for by The Boggs Center on Developmental Disabilities, through funding from the New Jersey Council on Developmental Disabilities. Covered expenses include:

- ★ overnight lodging and meals
- ★ accommodations such as sign language interpreters, large print materials, or Braille
- ★ reimbursement for travel
- ★ reimbursement for child care/respite (if not funded through other means)

## What topics will I learn about in the monthly educational sessions?

### September 8 & 9

- History of Disability Policy & Advocacy
- Self-Advocacy & Family-Advocacy

### October 13 & 14

- The Legislative Process & What Happens in Washington
- State Policy & Systems Change Advocacy

### November 17 & 18

- A Vision for Advocacy Across the Lifespan
- Self-Determination, Social Capital, & Community Inclusion

### December 15 & 16

- Inclusive Education
- Supported Decision Making

### January 12 & 13

- Transition
- Employment

### February 9 & 10

- State Agencies & Service Systems
- Health Policy, Health, & Wellness

### March 9 & 10

- Building Alliances, Committee Participation, & Grassroots Organizing
- Sharing Your Story & Communicating Effectively for Advocacy

### April 20 & 21

- Putting Leadership into Action
- Graduation

## How do I apply?

Those interested in participating are invited to complete the application beginning on page 2 of this packet. An electronic copy of this application is also available on The Boggs Center's website: <http://rwjms.rutgers.edu/boggscenter/projects/NJPartnersinPolicymaking.html>

If you need assistance to complete the application, or would like to complete the application by phone, contact Jaime McGeady at (732) 235-9613.

# Partners in Policymaking Application

**New Jersey Partners in Policymaking** is an opportunity for adults with developmental disabilities (over 18) and family members of people with disabilities to build leadership and advocacy skills. To be considered for the New Jersey Partners in Policymaking program, complete the following application and submit by mail, email, or fax to:

Susan Ellien  
The Boggs Center on Developmental Disabilities  
335 George Street, Suite 3500  
New Brunswick, NJ 08901

email: susan.ellien@rutgers.edu  
fax: (732) 235-9330

Applications must be received by **July 19, 2017**. Applicants will be notified of acceptance by August 4, 2017.

## Applicant Information

Name:

First

Middle Initial

Last

Address:

Street

City

State

Zip

Home Phone:

Cell Phone:

Email Address:

**I am a:** (check all that apply)

Person with a developmental disability

Parent of someone with a developmental disability

Sibling of someone with a developmental disability

Other family member: \_\_\_\_\_

**I am 18 years or older:**  Yes  No

## Demographic Information (Optional)

These questions are not required, but will help The Boggs Center to ensure that New Jersey Partners in Policymaking participants are representative of the diversity of the state.

**Race/Ethnicity:** (check all that apply)

American Indian/Alaskan

Asian/Pacific Islander

Black/African American

White/Caucasian

Hispanic

Other: \_\_\_\_\_

**Primary language spoken:** \_\_\_\_\_

**If you are a person with a developmental disability:**

How old are you? \_\_\_\_\_ What is your disability? \_\_\_\_\_

How does your disability affect your daily life?

What kinds of supports, services, or assistive technology do you have?

If you use personal assistance/direct support professional services, can you arrange to have these supports provided while you are participating in New Jersey Partners in Policymaking?

Yes

No

**If you are a family member of someone with a developmental disability:**

How old is your family member with a developmental disability? \_\_\_\_\_

What developmental disability does your family member have?

How has your family member's disability affected your daily life and your family?

What services or supports does your family member receive?

Will you need funding for respite or child care services so you can participate in the New Jersey Partners in Policymaking program?

Yes

No

## Availability & Attendance

Are you willing and able to make a time commitment of one weekend a month (Friday 2:00 PM-Saturday 3:00 PM) to attend all New Jersey Partners in Policymaking educational sessions?

Yes

No

If you are employed, can you make necessary arrangements so you can attend all weekend sessions?

Yes

No

How would you get to the monthly educational leadership development sessions?

Own car

Transportation from family or friend

Public transportation

Personal Assistant/Agency transportation

Other \_\_\_\_\_

## Accommodations

What, if any, accommodations do you need to help you actively participate in the monthly educational sessions? (For example: large print, Braille, wheelchair accessible hotel room, sign language interpreter)

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## Short Response Questions

Please tell us about yourself. (For example: your family, your job, school, community/volunteer activities, personal interests, interesting experiences)

Why do you want to participate in the New Jersey Partners in Policymaking program?

Please describe any experience you have with advocacy. (For example: involvement with advocacy organizations, meeting with legislators, serving on committees or boards)

What disability-related issues are of the most interest to you? (For example: inclusive education, home and community based services, employment)

Is there anything else you would like us to consider in your application?

How did you learn about the New Jersey Partners in Policymaking Program?

## Letter of Recommendation

In addition to the application form, applicants to New Jersey Partners in Policymaking must submit a letter of recommendation from someone who knows them well. The letter should include information about the applicant's:

- ★ interest in advocacy
- ★ commitment to fulfill the requirements of the program
- ★ general character and strengths

Letters may be sent with the completed application or separately, but must clearly identify the individual being recommended.

Please provide the name and contact information for the person providing a letter of recommendation on your behalf below:

Name:

Phone:

Email Address:

How do you know this person?

# THE BOGGS CENTER ON DEVELOPMENTAL DISABILITIES

*New Jersey's University Center for Excellence in Developmental Disabilities Education, Research, and Service*

## Apply Now for 2017!



This project is supported by grant funding from the New Jersey Council on Developmental Disabilities.

July 2017

**RUTGERS**

Robert Wood Johnson  
Medical School

The Boggs Center on Developmental Disabilities  
Department of Pediatrics  
Rutgers, The State University of New Jersey  
Liberty Plaza, 335 George Street  
New Brunswick, NJ 08901

<http://rwjms.rutgers.edu/boggscenter>

p. 732-235-9300  
f. 732-235-9330