

# Illinois Partners in Policymaking®



# APPLICATION FOR PARTICIPATION



Class 6

October 25, 2024–June 21, 2025

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# Illinois Partners In Policing<sup>®</sup>

*This form is a fillable PDF. This means that you can type in the spaces below to complete the application. If you need accommodations to complete and/or submit this application, contact Jan Bergman at [janb.ilpip@gmail.com](mailto:janb.ilpip@gmail.com) or 847-533-6714.*

## Part 1: Contact Information

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Name of Applicant \_\_\_\_\_

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

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Alternate Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

*(Participants must be over 22 years of age)*

### Race/Ethnicity (Optional)

- |   |  |
|---|--|
| <input type="radio"/> Asian                               | <input type="radio"/> Hispanic or Latinx |
| <input type="radio"/> Native Hawaiian or Pacific Islander | <input type="radio"/> White              |
| <input type="radio"/> American Indian or Alaskan Native   | <input type="radio"/> Other _____        |
| <input type="radio"/> Black or African American           |  |

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## Gender

- Male
- Female
- Non-binary
- Rather not say

Please list three references (not family) that may be contacted.

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

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## Part 2: Applicant & Eligibility Information

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Definition of Developmental Disability in the federal Developmental Disabilities Assistance and Bill of Rights Act:

**(A)** In general, developmental disability means a severe, chronic disability of an individual that:

- i. is attributable to a mental or physical impairment/combination of mental and physical impairments;
- ii. is manifested before the individual attains the age 22;
- iii. is likely to continue indefinitely;
- iv. results in substantial functional limitations in three or more areas of major life activity, such as self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and
- v. reflects the individual's needs for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are lifelong or for an extended duration and are individually planned and coordinated.

**(B)** An infant or young child (an individual from birth to age nine) who has substantial developmental delay, a specific congenital, and/or an acquired condition may be considered to have a developmental disability without meeting three or more of the criteria described in the clauses (i) through (v) in subparagraph (A) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

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## Eligibility

**STEP 1:** Read the above definition of developmental disabilities to determine eligibility for participation in Partners in Policing<sup>®</sup> (PIP). It must be met. If your eligibility for Partners in Policing is based on your disability, you must meet the criteria above.

**STEP 2:** Determine your **PRIMARY** application category 1-4 below. You must answer yes to one of the four questions below in order to participate in Partners in Policing<sup>®</sup>. It's possible you might qualify under more than one category (for example, as a parent of a person with a developmental disability, you might also **be a person with a developmental or other disability** or a sibling). However, for the purpose of this application and this class of Partners, complete the application based on your potential representation as a member of this PIP class. You will have space in the **Getting to Know You** section to add additional information.

### 1. Are you a person with a developmental disability?

YES       NO (if no, move to #2)

If yes, please specify your disability and provide information on how it affects your daily life.

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If yes, what kinds of support services or technology do you use, receive, or need?

**2. Are you the parent of a child with a developmental disability?**

YES       NO *(if no, move to #3)*

**What is the age of your child OR children if you have more than one child with a developmental disability?**

**Briefly describe your child(ren)'s disability and how it affects daily life for your child(ren) and family.**

**3. Are you a sibling of a person with a developmental disability?**

YES       NO *(if no, move to #4)*

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If yes, what is the age of your sibling and their disability?

How does having a sibling with a developmental disability impact your daily life? What is your relationship with your sibling?

4. Are you a legal guardian (family member or non-family member) or supporter of a person with a developmental disability in A Supported Decision-Making Agreement?

YES       NO

If yes, what is the age of the person with a developmental disability and your relationship?

Briefly describe the individual's disability and how it impacts your life.



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## Part 3: Getting To Know You

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Please be brief with your responses. If you need accommodations to complete and/or submit this application, contact Jan Bergman at [janb.ilpip@gmail.com](mailto:janb.ilpip@gmail.com) or 847-533-6714. There are no right or wrong answers! We want to get to know you.

**1. Please tell us a little about yourself, your family and/or your relationship with the person/s with a developmental disability you support.**

**2. Identify one or two disability-related issues (e.g., early intervention, preschool, health care, waiver services, school inclusion, school transition services, child day care, mental health services, competitive work, transportation, assistive technology, housing and supports) that are of greatest concern to you currently.**



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**3. Tell us about your views on school and community inclusion and integration.**

**4. What does the word advocacy mean to you?**

**5. If you or your family member currently is receiving services from either the local public schools and/or the State of Illinois, what are they? What would you like to see changed about them? Write N/A if not receiving any at this time.**

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**6. Tell us about your strengths and any unique experiences you have had.**

**7. List activities in which you regularly participate (e.g., employment, volunteer work, community service, place of religious worship, board assignments). Add the roles you play.**

**8. If you are a student, tell us about your field of study or degree program or the classes you are taking. N/A if you are not a student.**

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**9. What do you like to do for fun? Personal interests?**

**10. Share any life experiences that have been particular joys or challenges for you, your child, or your family.**

**11. If you are currently working or previously employed, tell us about your job and the kind of work you do/did. Type N/A if you are not working or have not been employed.**

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**12. What do you hope to gain from Partners in Policing<sup>®</sup> and how do you plan to use your new knowledge?**

**13. How did you learn about the Partners in Policing<sup>®</sup> program? Please add the names of the people or organizations who gave you information about the Partners program or the news articles or social media you read about Partners.**

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## Accommodations

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1. Do you need accommodations to help you actively participate in the *IN-PERSON SESSIONS* (e.g., closed captioning, large print, sign-language interpreter, accessible documents, note-taker)? Please specify.

2. Do you need accommodations to help you actively participate in the *ONLINE SESSIONS* (e.g., closed captioning, large print, sign-language interpreter, accessible documents). Please specify.

3. Do you require interpreter services (e.g., American Sign Language or other language translation)? If yes, please specify.

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## 4. Do you require Respite/Childcare, PCA/DSP Assistance?

YES     NO

Please note: PIP does not provide onsite services. However, a reimbursement allowance is provided for participants needing financial assistance for the costs of childcare/respice services or PCA/DSP assistance. Family members are not permitted to stay at the hotel during the weekend training sessions unless a family member is serving as a personal assistant to a class member.

A. If you are a parent, will you be using respite/childcare services so you can participate in PIP?

YES     NO

B. If you are a person with a disability and you use a Personal Assistant (PCA) or a Direct Support Professional (DSP), will this person accompany you?

YES     NO

## Review: Participation Requirements & Signature

PIP participants **will attend all** advocacy training and skill-building sessions in-person and virtually/online, for which you are expected to be on camera. Homework will be given for each session and **MUST** be completed. An individual project also must be completed in order to graduate. Completion of this Leadership Development training program requires a **substantial commitment of time, motivation, and energy**. In-person sessions require double-occupied hotel rooms, which means you will be roomed with another class participant. **Meals, lodging, and travel expenses will be provided at no cost to you.** Four in-person weekend sessions will take place at The Hyatt Place in Normal, IL., and one two-day in-person session at The Statehouse Inn in Springfield, IL. Nine 2.5-5.5-hour virtual/online sessions are via Zoom.

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There will be three required virtual/online Orientation sessions before classes begin on how to access Zoom and all online documents (Agendas, Reimbursement Forms, Presenter Evaluations, Competencies, etc.) in our Google Drive.

## If accepted into the PIP program, I agree to:

- Attend and participate in **ALL** two-day sessions (four sessions begin Friday at 11:30 a.m. with your brown bag lunch and conclude on Saturday at 3:30 p.m. in Normal, IL.) and one two-day session, during the week, in Springfield, IL. (sessions begin Tuesday, April 1 at 11:30 a.m. and conclude on Wednesday, April 2, at 3:00 p.m.). All snacks, day one dinner, and day two breakfast and lunch are included. We are happy to accommodate dietary restrictions with advance notice.
- Attend and participate in three virtual/online Orientation sessions and nine virtual/online Training sessions.
- Complete all homework and class assignments.
- Complete one individual Advocacy Project designed to meet competencies.

YES       NO

**(A) If you are employed, have you talked with your employer about attendance and made the necessary arrangements so you can attend all sessions?**

YES       NO

**(B) Do you have a laptop or desktop computer in your home for the virtual/online sessions? (Note: if not, we will loan you a laptop computer for the length of your class).**

YES       NO

**(C) Do you have reliable Internet service in your home for the virtual/online sessions?** *(Note: We will work with you if you need assistance in accessing Internet)*

YES       NO



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I give permission to HIGH IMPACT to share the answers to the questions on this application with PIP staff and members of the class selection committee from the Illinois Council on Developmental Disabilities.

YES       NO

By entering my name below, I certify that I am the applicant represented by the information on this application, as well as guarantee that all of the information provided is accurate to the best of my knowledge and has been voluntarily disclosed. For the purpose of the PIP application submission, the insertion of your name on the signature line qualifies as an electronic signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Submission Instructions

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### Did You Remember To Do These Things?

- ✓ Complete ALL sections of this application. Applications with incomplete sections will NOT be considered.
- ✓ Confirm you are available for all of the virtual/online Orientation sessions, for all of the in-person and virtual/online class dates.
- ✓ Sign the application.

**REMINDER: If you need accommodations to complete and/or submit this application, contact Jan Bergman at [janb.ilpip@gmail.com](mailto:janb.ilpip@gmail.com) or 847-533-6714.**

**To Complete and Submit the Application by Email, it must be sent by 5:00 PM on Saturday, September 7, 2024. You will be notified by email, by end of day, on Monday, September 30, 2024.**

To submit the application form electronically, attach the saved file containing the completed form to a new email message and send it to:

Jan Bergman, Coordinator IL  
Partners in Polycymaking®  
[janb.ilpip@gmail.com](mailto:janb.ilpip@gmail.com)

**To Complete and Submit the Application by Mail, it must be postmarked by 5:00 PM on Saturday, September 7, 2024.**

- Print out the blank application and complete it in black ink.
- Sign the Application form signature page.
- Mail all pages of the completed application, including the signed copy of the signature page, to the address listed below.

Mail applications to:  
Jan Bergman, Coordinator IL  
Partners in Polycymaking®  
312 N. Fiore Parkway  
Vernon Hills, IL 60061-3202

# Illinois Partners In Policingmaking®

## APPLICATION DEADLINE IS 5 PM, SATURDAY, SEPTEMBER 7, 2024

We invite you to share this application with others who may be interested in applying for the IL Partners in Policingmaking® program!

“Partners is an innovative, high impact, values led, high fidelity and competency-based leadership training program designed for adults with disabilities and parents of young children with developmental disabilities. Thank you, Partners in Policingmaking® Class 5 graduates, faculty advisors, amazing speakers, and staff. This has been the timeliest, inspirational, and transformational training I have experienced, ever!  
–Parent, Partners Graduate”

“I would recommend other Self-advocates and parents to be part of PIP as the experience was amazing. You learn about the federal, state, and local rules/laws that govern disability services. Learning about technology is helpful to becoming a better advocate.  
–Self-advocate, Partners Graduate”

“My favorite topic/session was Customized Employment with Dr. Steven Hunt. Before Partners, I never could imagine that my 18-year-old son with Autism could be employed. The overall concept was that with “Discovery” and job development a person with an impacted disability could be trained for a job that is beneficial to both the employer and the employee...Dr. Hunt’s deck changed my entire perspective.” –Parent, Partners Graduate”



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