



To Apply:

Mail application to: Family TIES of Nevada
 Attn: Nicole Schomberg
 3100 Mill Street, Suite 117
 Reno, NV 89502

Fax application: (775) 323-2205
 Questions: (866) 326-8437 - toll free

APPLICATION DEADLINE: December 15, 2009

Dates for the class of 2010 are:

February 26 - 27 March 26 - 27 April 23 - 24 May 21 - 22
 June 25 - 26 July 23 - 23 August 27 - 28 September 24 - 25

(PRINT)

Name _____

Address _____

City _____ County _____

State _____ Zip Code _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email _____

1. Are you a person with a disability? Yes No **Diagnosis:** _____

If so, tell us how your disability affects what you can do and how you do things: Please tell us what kinds of support services or technology services/devices you use.

2. Are you a parent of a child with a disability? Yes No

Child(ren) Diagnosis: _____ **Age:** _____ Female Male

(If more than one child with a disability, please indicate) If so, what services do you, your family or your son/daughter receive from the county in which you live?

3. Is your son/daughter receiving special education services? Yes No

If yes, describe some of those services.

4. What problems or issues are of greatest concern to you?

5. Attendance is required at each weekend session. Will you make a time commitment of two days, one weekend a month (February through September) for eight months? Yes No

5b. If you are employed, have you talked with your employer about session attendance and made necessary arrangements so you can attend all weekend sessions? **Please place the session dates on your calendar at this time.** Yes No

6. If you have a disability, what accommodations do you need? (Such as wheelchair access, interpreter services, larger print, and so on.)

7. If you are a parent, will you be using respite/child care services, so you can participate in the Partners program? Yes No

If you are a person with a disability, will you be using personal care attendant services during the weekend sessions? Yes No

PLEASE NOTE: *The Nevada Partners in Policymaking™ program does not provide on-site respite/child care or personal care attendant services, but reimbursement toward these costs will be provided if no other source of funds is available to you.*

8. Are you currently involved with an advocacy organization? Yes No

If yes, what organization(s) and what role(s) do you play?

9. Please tell us about yourself/your family.

a. If you are working, tell us about your job and the kind of work you do?

b. If in school, tell us about your field of study or the types of classes you are taking?

c. What type of community/volunteer activities are you involved in?

d. What are some of your personal interests?

e. Please share any life experiences that have been special joys or challenges for you, your child or your family:

10. Tell us why you would like to participate in the Nevada Partners in Policymaking™ program.

11. How did you learn about the Nevada Partners in Policymaking™ program?

Personal Reference:

Name _____ Phone () _____ Relationship _____

APPLICATION DEADLINE IS DECEMBER 15, 2009. APPLICANTS WILL BE NOTIFIED BY DECEMBER 31, 2009 REGARDING THEIR APPLICATION STATUS.