

PIP Application Instructions

- ✓ **Before beginning**, please read ALL of the instructions, questions, eligibility definitions, submission requirements, and important information included on this form. If you have ANY questions or need accommodations to complete this application form, please contact the Virginia Board for People with Disabilities (VBPD) as indicated on the last page.
- ✓ Applicants must complete ALL sections of the application form and return it to the VBPD by the deadline for it to be considered.
Application forms must be received no later than 5:00 p.m. on March 15, 2019 to be considered for the 2019-2020 PIP class.
- ✓ Electronic submission by email is preferred. Applications will be accepted by email, fax, direct delivery, or U.S. Mail. Information on how to complete and submit the application is included in the instructions on the last page.

APPLICATIONS SHOULD BE RECEIVED NO LATER THAN
FRIDAY, MARCH 15, 2019 BY 5:00 P.M.
TO BE CONSIDERED FOR THE PIP 2019-2020 CYCLE.



Year _____ Class _____

Application For Participation

Application Information

Name of Applicant _____

Street Address _____

City _____ County _____

State _____ Zip Code _____

Email _____ Alternate Email _____

Phone _____ Alternate Phone _____

Date of Birth _____ Ethnicity _____

Gender _____ Male Female

References

Please list three references and have each complete a letter of recommendation. Letters may be submitted with the completed application or sent separately but must clearly identify the individual being recommended.

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Definition of Developmental Disability

- (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.



Eligibility

The VBPD uses the above definition of developmental disabilities to determine eligibility for participation in PIP.

Are you a person with a developmental disability? Yes No

If so, please briefly describe your disability and how it affects your activities of daily life below.

Are you a parent of a child with a developmental disability? Yes No

If not, please specify the relationship you have with him or her below.

What is the age of your child?

Briefly describe your child's disability/disabilities and how his or her activities of daily living are affected.

Questions

Please be *concise* with your responses. If you are completing this form electronically, please respond below the line provided per question. You may seek assistance to complete your application. If you need to submit your responses in another format, the VBPD staff is happy to work with you.

Please tell us a little about yourself and family.



Please tell us about your views on community inclusion and integration.

What does the word advocacy mean to you? When have you demonstrated advocacy skills?

When have you been creative in getting services for yourself or someone else? How?

Advocacy can be an ongoing process. Tell us about an experience that shows your determination.

What would you like to see change in the current service delivery system? Please be specific and give details.



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

List activities in which you regularly participate (employment, volunteer work, community service, board assignments, etc.).

Tell us about something you have done that shows you can complete a long-term project and share information with others.

What do you hope to gain from Partners in Policymaking?

How did you hear about PIP?

Participation Requirements

PIP participants are people with developmental disabilities and/or parents of young children with developmental disabilities. Individuals participating in the program will attend advocacy training and skill-building workshops. Program participants will attend and participate in seven two-day sessions between September and April. Completion of this application and selection for the PIP program requires substantial commitment of time, motivation, and energy.

If accepted into the PIP program, I agree to:

- ✓ Attend and participate in ALL seven two-day sessions (sessions begin Friday at 1:00 p.m. and concludes Saturday at 4:00 p.m.).
- ✓ Complete all homework and class assignments.
- ✓ Complete one major project designed to meet competencies.

I give permission to the Board to share the answers to the questions on this application with PIP staff and members of the selection committee

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

Application Checklist and Submission Instructions

Did You Remember To Do These Things?

- ✓ Complete ALL sections of this application. Applications with incomplete sections will NOT be considered.
- ✓ Include three letters of recommendation (letters may be submitted separately but must clearly identify the individual being recommended and be received by the application deadline).
- ✓ Include any additional pages.

To Complete and Submit Application by Email

- If you are not already reading these PIP application form instructions online, go to www.vaboard.org/policymaking.htm and click on the link that says apply. When the PIP application form opens, save it to your computer and rename it as "FirstInitialLastName_PIP.doc." For example, if your name is "Jane Smith," you would name the file "JSmith_PIP.doc."
- Answer each of the questions on the application form by filling in the blanks provided and/or checking the appropriate circles. If you need to stop and start again later, remember to save the file before closing it so that you do not lose the answers to the questions that you have already completed.
- When you have finished completing the application form, save it. Prior to returning the application by email, be sure to include your electronic signature with your assurance that you are the applicant and that you have voluntarily supplied the requested information. For the purpose of the application submission, the insertion of your name on the signature line qualifies as an electronic signature.
- To submit the application form electronically, attach the saved file containing the completed form to a new email message and send it to: training@vbpd.virginia.gov

To Complete and Submit by Fax

- **Option A:** Go to www.vaboard.org/policymaking.htm and download the electronic PDF as indicated above for email submission. Save and complete that form on your computer. Print the completed form.
- **Option B:** Complete this printed copy of the application form by hand. You may attach pages with numbered responses, if necessary.
- Sign the application form signature page
- Fax all pages of the completed form to 804-786-1118

To Complete and Submit by Mail

- Complete application form using either Option A or B above.
- Sign the application form signature page.
- Mail or deliver all pages of the completed application, including the signed copy of the signature page, to the address listed below.

Mail applications to:

Partners in Policymaking
Virginia Board for People with Disabilities
1100 Bank Street, 7th Floor
Richmond, VA 23219



Accomodations

If you need an accommodation to complete this form, contact Evette Wingfield-Woodley at 800-846-4464 or 804-786-3441. Unless accommodations are requested, only emailed, faxed, and written applications will be accepted. We strongly encourage electronic submission.

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EMAIL
training@vbpd.virginia.gov**

We invite you to duplicate and share this application!

Washington Building
Capitol Square
1100 Bank Street, 7th Floor
Richmond, VA 23219
800-846-4464 (TTY Voice)
www.vaboard.org

