**Parent to Parent of NYS and Westchester & Putnam Independent Living Centers**

**Family Empowerment Advocacy Series**

January 3, 2018

Dear Interested Applicant,

Parent to Parent of NYS and Westchester & Putnam Independent Living Centers are accepting applications from parents, grandparents and guardians of individuals with disabilities to participate in our **Family Empowerment Advocacy Series**. This series is offered once per year. This series prepares parents, grandparents and guardians of children with disabilities to better advocate within the education system for their own children and as a volunteer to assist other families. The training includes information about the special education process, including the laws, regulations and policies related to students with disabilities. The training aims to improve communication and develop effective advocacy skills.

Participants are selected through an application process and must reside in one of the following counties: **Albany, Columbia, Dutchess, Fulton, Greene, Montgomery, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington and Westchester**. There are no fees; however, participants are expected to attend all training sessions in person and webinars to meet the requirements listed in this letter. Accepted applicants are expected to be willing to educate families residing in their county. Graduates of the program may be asked to assist up to three families over the course of the year. Examples of assistance include talking to another parent, grandparent or guardian about education advocacy, assist with problem solving or trouble shooting about their child’s education, or helping a parent, grandparent or guardian learn about special education process. It is not an expectation that graduates attend CSE meetings. Additionally, graduates are asked to participate in occasional surveys and report on your advocacy efforts with other families on a monthly or quarterly basis.

The **Family Empowerment Advocacy Series** is a **25 hour** program conducted via both in-person workshop sessions and webinars. There will be **3 mandatory in-person sessions** (**each session** **being 5.50 hours**) and **3 mandatory 1 -1 ½ hour webinars** (offered day or evening…your choice). Some sessions will require minimal homework. Interested individuals who do not have access to a computer and/or the internet to participate in webinars should contact Tina Beauparlant at (518) 381-4350 x 22 or (800) 305-8817 to discuss available options.

**Please see the attachment with an outline of all in person & webinar sessions.**

**In-person training sessions** will take place in **2** different locations connected by way of video conferencing:

**Capital District DDSO (Building 3, Room 2) at 500 Balltown Road, Schenectady, NY 12304**

**Hudson Valley DDSO (Conference room A) 220 White Plains Rd Tarrytown, NY 10591**

Interested participants can register on line by clicking [**HERE**](https://docs.google.com/forms/d/e/1FAIpQLSeQvyt2egiH3HVqh0LDbXi_WT4Xi9Sb7HD46fZFVwwpE12e7w/viewform)

**or**

Mail, e-mail or fax their completed application, with cover sheet to:

Tina Beauparlant: [tbeauparlant@ptopnys.org](mailto:tbeauparlant@ptopnys.org) or Fax (518) 393-9607 **or**

Denise Green: [dgreen@putnamils.org](mailto:dgreen@putnamils.org) or Fax (845) 228-7460

**Applications must be received by February 12, 2018.**  Participants will be selected based on the quality of their application and ability to serve families in areas of need. Applicants who are selected will receive a confirmation call on February 16, 2018.

If you have questions about the application or the Family Empowerment Advocacy Series, please contact:

Tina Beauparlant at Parent to Parent of NYS, [tbeauparlant@ptopnys.org](mailto:tbeauparlant@ptopnys.org), (518) 381-4350, x22 or (800) 305-8817 **or**

Denise Green at Westchester and Putnam Independent Living Centers, [dgreen@putnamils.org](mailto:dgreen@putnamils.org) or 845-228-7457, x1102

Sincerely,

Tina Beauparlant Trish Washburn

Regional Program Manager / Education Specialist Education Specialist

Denise Green Becky Coles

Parent Training and Information Parent Training and Information

Center Coordinator Center Specialist

[](http://www.starbridgeinc.org/)



\*Funding for this training is provided through the Parent Training and Information Center (PTIC) project administered by STARBRIDGE, Rochester, NY.

**Parent to Parent of NYS and Westchester& Putnam Independent Living Centers**

**Family Empowerment Advocacy Series Application**

**Application must be received by**

**February 12, 2018**

**You can mail, e-mail, fax or register on line**

The information on this page of the application is requested by our funding sources and is not

used to discriminate during the application process

**(PLEASE PRINT)**

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

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City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The area in which you live is:** Urban\_\_\_ Rural\_\_\_ Suburban\_\_\_

**Ethnicity**

Hispanic or Latino \_\_\_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_\_\_ Undisclosed \_\_\_\_\_\_\_

**Race**

Caucasian/White\_\_\_\_\_ African-American/Black \_\_\_\_\_ American Indian/Native American/Alaskan Native \_\_\_\_\_ Asian\_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_

Two or more races \_\_\_\_\_ Undisclosed \_\_\_\_\_

**Does your child have an:** IEP \_\_\_\_\_504 \_\_\_\_\_\_

**What is your child/children’s classification(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants must reside in one of the counties served by these offices: **Albany, Columbia, Dutchess, Fulton, Greene, Montgomery, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington and Westchester**.

**I am:**

A parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_child (ren) with disability. Age(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A grandparent of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ child (ren) with disability. Ages(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_child (ren) with disability. Age(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check 2 or 3 major life activities affected by your child’s disability:**

Receptive & Expressive Language\_\_\_\_\_\_\_ Intellectual disability\_\_\_\_\_\_

Learning disability \_\_\_\_\_\_ Mobility \_\_\_\_\_\_\_Medical \_\_\_\_\_\_\_ Self Care\_\_\_\_\_\_\_ Other\_\_\_\_\_\_

**What services are you or your family member receiving? (i.e. School, Respite, Medicaid Service Coordination, day or residential habilitation):**

Education \_\_\_\_ Respite \_\_\_\_ Service coordination \_\_\_\_ Day Hab \_\_\_ Residential Hab \_\_\_\_

Individualized Service \_\_\_\_ Employment \_\_\_\_ Job Coach \_\_\_\_ 504\_\_\_\_\_\_ Other \_\_\_\_

**What interests you in this program?**

Reputation of the program\_\_\_ Interest in Advocacy \_\_\_ Family members/friends previously attended\_\_\_\_ Networking opportunities \_\_\_\_ Learn to assist/advocate for my child and others\_\_\_\_ other \_\_\_\_\_

Comments (**Mandatory**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Why are you a good candidate for the program?**

I want to learn to be a strong advocate\_\_\_\_ I want to be part of a network of advocate’s \_\_\_\_\_

Other \_\_\_\_

Comment (**Mandatory**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What experience have you had in advocating for people with disabilities?**

Personal with my child \_\_\_\_ Personal with friends, neighbors, other parents\_\_\_\_

Systemic with other groups and organizations\_\_\_\_

**Areas of Experience?**  Advocacy\_\_\_\_ Community Inclusion \_\_\_\_ Residential/Housing Option \_\_\_\_ Educational Issues \_\_\_\_ Employment Issues \_\_\_\_ Guardianship & Alternatives \_\_\_ Individualized Services \_\_\_\_ SSI/SSDI \_\_\_\_ Transition \_\_\_\_ Other \_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Do you belong to any committees or organizations?**

I do not belong to any committees or organizations \_\_\_\_ Community groups \_\_\_\_ School groups (i.e. SEPTA/SEPTO or PTA/PTO) \_\_\_\_ Parent groups \_\_\_\_ Disability-specific groups \_\_\_\_ Faith-based organization \_\_\_\_

Comment **(Mandatory)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If you are accepted into the Family Empowerment Advocacy Series, how would you use this information to help people with disabilities?**

Join a committee or organization related to disability \_\_\_\_

Write letters/visit/educate policymakers \_\_\_\_\_

Continue my learning by participating in other training/ conferences \_\_\_\_

Educate others \_\_\_\_

Become a voice in my community \_\_\_\_

Become a voice for my child and others \_\_\_\_

Other \_\_\_\_

Are you committed to attending all in-person and webinars sessions? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If No, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Tina Beauparlant

Parent to Parent of NYS

Family Empowerment Advocacy Series

500 Balltown Rd

Schenectady, NY 12304

(518) 381-4350

**Fax: (518) 393-9607**

**E-mail:** [**tbeauparlant@ptopnys.org**](mailto:tbeauparlant@ptopnys.org)

Denise Green

Westchester & Putnam Independent Living Centers

10 County Center Rd, 2nd Floor

White Plains, NY 10607

(845) 228-7457, ext. 1102

**Fax: (845) 228-7460**

**E-Mail:** [**dgreen@putnamils.org**](mailto:dgreen@putnamils.org)

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