|  |  |
| --- | --- |
| K:\CWD\DC Advocacy Partners\Communications\Logo\DC Advocacy Parnters Logo - 2-color - 1x1 300dpi.jpg |  |
|  |
|  |
| **DC Advocacy Partners** |
|  |
|  |
|  |
|  |
|  |

**2016 Application for Participation**

***DC Advocacy Partners*** ***(DC AP)*** is a leadership training program designed for self-advocates and family members of individuals with intellectual and/or other developmental disabilities as well as professionals working with people with disabilities. There is no cost to participate in the program and there is financial assistance available for childcare/respite and local travel expenses. Through this program, you will gain leadership skills and techniques to help develop positive partnerships with elected officials, school personnel, and other community leaders. You will become a policy influencer, and will interact with policymakers and policy implementers regarding services that you and/or your family may use. You will be given opportunities to engage in interactive learning experiences and gain valuable information about current issues, service, and strategies, as well as legislative processes at local and national levels. As a part of this nine-month program, you will become a member of a DC network of community advocates working together to improve opportunities for Washingtonians with disabilities.

|  |
| --- |
| **Topics to be addressed include:**   * **Disability History, Public Policy and Services** |
| * **Intellectual/Developmental Disabilities in the 21st Century and Service Coordination** |
| * **Inclusive Education** |
| * **Integrated Employment** |
| * **Living a Healthy Life** |
| * **Influencing Federal and Local Policy** |
| * **Connecting Activities: Navigating the Community** |
| * **Community Organizing: Becoming a Change Agent** |
| * **Bringing it Home/Graduation**   **Who can apply:**   * A person with an intellectual and/or other developmental disability. (See page 9 for the full “developmental disability” definition); * A family member of someone with an intellectual and/or other developmental disability. “Family” is defined broadly as adults and children related biologically, emotionally, or legally, including single parents, blended families, unrelated individuals living cooperatively, and partnered couples who live with biological, adopted, and foster children; or * A professional working with people with intellectual or developmental disabilities. (Only a limited number of professionals will be accepted.)   All participants must be DC residents and participants must be adults (ages 18 or up).  **APPLICATION DEADLINE IS NOVEMBER 16, 2015** To download an application, visit <http://dcpartners.iel.org/become-a-partner>. If you would like an application mailed or faxed to you or need any assistance, please call 202-822-8405 x132. Completed applications can be emailed to [finkd@iel.org](mailto:finkd@iel.org), faxed to 202-872-4050, or mailed to:    DC Advocacy Partners at the Institute for Educational Leadership  4301 Connecticut Ave NW, Suite 100, Washington, DC 20008 |

Dear DC Resident,

Attached is your copy of the ***DC Advocacy Partners*** application. **Before completing this application, please carefully consider the time commitment involved in participating in this program. Our financial obligation to train participants for this program is substantial; therefore your total time commitment is extremely important to us.** Below you will find the items and commitments expected from you and also the items and commitments that the program will provide for you.

***The DC Advocacy Partners Program will:***

* Provide meals
* Provide transportation reimbursements
* Provide reimbursement for respite/childcare
* Provide reasonable accommodations for those who need them
* Cover the cost of materials for participants in the Advocacy Partners program
* Cover the cost for a TASH membership for one full year

***Applicant will commit to:***

* Attending all **NINE (9)** sessions held in DC
* Completing all assigned activities
* Keeping ***DC AP*** coordinators informed of advocacy activities after graduation
* Utilizing skills attained through the ***DC AP*** Program

***In addition:***

* Only the individual selected to participate may attend sessions
* Applicants must be residents of DC
* Only those who have not already participated in Partners in Policymaking are eligible

The selection committee will seek a diverse class membership of individuals from across the district and each ward, a variety of ages, both self-advocates and family members, men and women, and a range of disabilities. In all cases, the committee will review answers to questions on each application to select applicants who are committed to full participation in the DC Advocacy Partners program. ***Preference will be given to young adults with an intellectual and/or other developmental disability and family members of young or school aged children with an intellectual and/or other developmental disability.***

|  |  |
| --- | --- |
| K:\CWD\DC Advocacy Partners\Communications\Logo\DC Advocacy Parnters Logo - 2-color - 1x1 300dpi.jpg |  |
|  |
|  |
| **Application for Participation** |
|  |
|  |
|  |
|  |
|  |

**Class Schedule**

***Each month’s session will be on Friday from 4:00 – 8:30pm and Saturday from 9:00am – 5:00pm. Sessions will be held at 4301 Connecticut Avenue, NW, Suite 100. The location is accessible, on a bus route, and near a metro stop. These dates are subject to change.***

January 15-16, 2016 June 10-11, 2016

February 19-20, 2016 July 8-9, 2016

March 11-12, 2016 August 12-13, 2016

April 8-9, 2016 September 16-17, 2016

May 13-14, 2016

**Application Information**

To apply, you must complete the DC Advocacy Partners application and agreement below. You must also submit a letter of recommendation. This letter of recommendation can be from anyone who is not a family member. Some examples include someone that you work or volunteer with, a member of your church, a teacher or counselor, or another member of your community.

**PLEASE NOTE:** The information requested on this application is for the purpose of selecting individuals who meet the criteria for participation in the ***DC Advocacy Partners*** program. The list of names and addresses of graduates that is prepared for each graduating class is taken from applications and considered public data under the DC Government Data Practices Act. This list may be requested and will be released upon request.

Please send the completed application, agreement, and a recommendation letter to finkd@iel.org, fax it to 202-872-4050, or mail it to:

DC Advocacy Partners

Institute for Educational Leadership

4301 Connecticut Ave, NW Suite 100

Washington, DC 20008

**APPLICATION DEADLINE: November 16, 2015**

**PLEASE NOTE:** This application is for District of Columbia residents only.

**Contact Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |

Street Address

Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ward # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Method of Contact is  Email  Home Phone  Work Phone  Cell Phone

|  |
| --- |
| **Additional Information**   1. Are you a person with an intellectual and/or developmental disability? Yes  No  (If no, proceed to Question 2)   **Disability:**  Physical Cognitive Emotional/Behavioral  Sensory Other |
| Please specify/explain your disability:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Did/Do you attend a DC public, charter, or other school?  Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Did/Are you receiving special education services? Yes  No  If so, please describe these services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. Are you a family member of a person with an intellectual and/or developmental disability? Yes  No  If yes, what is your relationship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (If no, proceed to Question 3)  *Please fill out the following information about your family member(s) with disabilities.* |
| **Family Member 1**  **Age**:  0 – 5  6 – 12  13 – 18  19 – 30  31+  **Disability**: Physical Cognitive Emotional/Behavioral  Sensory Other Please specify/explain his/her disability:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does he/she attend a DC public, charter, or other school? Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is your family member receiving special education services? Yes € No €  If so, please describe these services.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  | | --- | | **Family Member 2**  **Age**:  0 – 5  6 – 12  13 – 18  19 – 30  31+  **Disability**: Physical Cognitive Emotional/Behavioral  Sensory Other  Please specify/explain their disability:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Does he/she attend a DC public, charter, or other school? Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is your family member receiving special education services? Yes  No   If so, please describe these services.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. If you are a professional working with people with disabilities, please explain where you work and your role there. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Please let us know your approximate age by selecting one of the following:    18 – 24 25 – 35 36 – 55  55+ |
| 1. Please tell us your gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Weekend sessions begin with check-in on Friday at 4:00 p.m. and end on Saturday at 5:00 p.m. Upon acceptance into the program, we will inform you of the finalized class schedule. Meals will be provided to all participants. Transportation and reasonable accommodation costs will be available based on need.    1. Will you need financial assistance for transportation? Yes  No     2. Attendance is required at each weekend session. Will you make a time commitment of a day and a half, one weekend a month (January through September), for nine months?   Yes  No   If you are employed, have you talked with your employer about session attendance and made necessary arrangements so you can attend all weekend sessions?  Yes  No  |
| 1. If you have a disability, what accommodations do you need to actively participate in the weekend sessions (larger print, sign-language interpreter, language interpreter, other)?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Do you need respite/child care services? Yes  No  2. Do you use personal care assistance services? Yes  No    **PLEASE NOTE:** The ***DC Advocacy Partners*** program does not provide on-site respite/child care or personal care assistance services, but reimbursement for reasonable costs. |
| 1. Are you currently a member of, do volunteer work for, or are involved with a disability advocacy organization? Yes  No    If so, what is the name of the organization(s) and what role(s) do you play?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. What do you hope to gain by participating in the ***DC Advocacy Partners*** program?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Have you participated in any other advocacy training programs? Yes  No    If so, please specify the program.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| K:\CWD\DC Advocacy Partners\Communications\Logo\DC Advocacy Parnters Logo - 2-color - 1x1 300dpi.jpg |  |
|  |
|  |
| **DC Advocacy Partners Agreement** |
|  |
|  |
|  |
|  |
|  |

Completion of this application and selection for the DC Advocacy Partners program requires a substantial commitment of time, motivation, and energy.

* If accepted into the DC Advocacy Partners program, I agree to:

Attend and participate in ALL nine sessions. Each month’s session will be Friday from 4:00 – 8:30 and Saturday from 9:00 – 5:00.

Complete all homework and class assignments.

Complete one major project designed to meet competencies.

Respond to brief annual update surveys.

* I give permission for the Institute for Educational Leadership (IEL) to share the answers to the questions on this application with DC Advocacy Partners staff and the selection committee.
* By entering my name below I certify that I am the applicant represented by the information in this application and that all of the information provided in this application is accurate to the best of my knowledge and has been voluntarily disclosed. For the purpose of the DC Advocacy Partners’ application submission your insertion of your name on the signature line qualifies as an electronic signature.

**Signature:**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| K:\CWD\DC Advocacy Partners\Communications\Logo\DC Advocacy Parnters Logo - 2-color - 1x1 300dpi.jpg |  |
|  |
|  |
| **DC Advocacy Partners Checklist** |
|  |
|  |
|  |
|  |
|  |

**Application Checklist:**

Completed DC Advocacy Partners Application

Signed DC Advocacy Partners Agreement

Letter of Recommendation from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **APPLICATION DEADLINE IS**  **NOVEMBER 16, 2015**  Completed applications can be emailed to  [finkd@iel.org](mailto:finkd@iel.org)  faxed to 202-872-4050, or mailed it to  Institute for Educational Leadership  4301 Connecticut Ave, NW Suite 100  Washington, DC 20008  Applicants will be notified the week of  **December 1, 2012**  regarding their application status. | **To learn more about**  ***DC Advocacy Partners*,**  Visit <http://dcpartners.iel.org/>  Or contact: Dana Fink  Institute for Educational Leadership  202-822-8405 ext. 132  [finkd@iel.org](mailto:finkd@iel.org) |

# Federal Definition of Developmental Disabilities

According to the [Developmental Disabilities Act](http://www.gpo.gov/fdsys/pkg/PLAW-106publ402/pdf/PLAW-106publ402.pdf), section 102(8), "the term 'developmental disability' means a severe, chronic disability of an individual 5 years of age or older that:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;

2. Is manifested before the individual attains age 22;

3. Is likely to continue indefinitely;

4. Results in substantial functional limitations in three or more of the following areas of major life activity;

                        (i) Self-care;  
                        (ii) Receptive and expressive language;  
                        (iii) Learning;  
                        (iv) Mobility;  
                        (v) Self-direction;  
                        (vi) Capacity for independent living; and  
                        (vii) Economic self-sufficiency.

5. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided."