

**MFOFC, SOUTHEAST REGION
APPLICATION
Family Leadership Series 18**

Name(s) (please print) _____

Address _____

City _____ State _____ Zip _____

Telephone (Home) _____ (Work) _____

Email _____

1. Does your family include someone with a disability?

- Yes No

What is your relationship to that person?

2. Please answer the following questions so that we can be sure that our group represents diverse needs and interests:

What is the age of the individual?

What is the disability?

What services are you, your child, or your family member currently receiving?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Educational | <input type="checkbox"/> Family Support |
| <input type="checkbox"/> Vocational | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Respite Care | <input type="checkbox"/> Residential Support |
| <input type="checkbox"/> Other | |

Please describe:

3. Are you currently involved with any family or advocacy group?

- Yes No

Have you been involved with family or advocacy groups in the past?

- Yes No

If yes to either question, please describe your involvement:

4. What specific areas of concern or interest lead you to apply for this Leadership Series?

5. How do you hope to utilize the information learned through this Series?

6. Each session of the Leadership series runs from 9:30AM on Friday until 3:30PM on Saturday with time off for socializing and sleep! Are you able to make a time commitment to the following sessions? **Remember – it is very important that you attend all four sessions!**

- | | | |
|------------------------|------------------------------|-----------------------------|
| November 7 & 8, 2008: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| January 16 & 17, 2009: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| March 6 & 7, 2009: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| April 3 & 4, 2009 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

These dates are not convenient for my schedule. Please mail me an application when you schedule your next Leadership Series.

7. Do you need any support for travel to the Mansfield area to attend the Leadership Series?

- I will need to have Transportation arranged
- I will need reimbursement for Travel Expenses

8. Our experience has shown that some families need childcare, respite, or nursing support to attend a gathering of this sort. Please indicate whether or not you need **funding** for this type of support.

Yes No

9. Will you need any special considerations (translation, interpretation, accessible room, etc.) in order to participate in the Series? If yes, please describe.

10. Is there anything else you would like to share about yourself and/or your family that would assist us in reviewing your application (other children, family dynamics, family composition, special hobbies/interests, etc.)? Please use the back of this form if necessary.

11. Who referred you to this Family Leadership Series?

Thank you for your interest in the Family Leadership Series. We look forward to a prompt return of the application so the necessary accommodations can be made. **Please mail your application by September 30, 2008 to:**

Emily Murgo Nisenbaum
The Family Leadership Series
56 Bridge Street
Fairhaven, Massachusetts 02719

If you have any questions, please feel free to call Emily Murgo Nisenbaum at 508-999-4436 (E-mail: tngemily@aol.com) or Dianne Huggon at 508-823-3529 (email: dimhug@comcast.net).

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