

4. Please tell us about any specific issues or concerns affecting children with special health care needs and their families that encouraged you to apply to this project?

5. Describe one barrier that your family has experienced in accessing health care, education or community services. Share some ideas about how families can work together to overcome this barrier.

6. What experience in a leadership role have you had?

7. Are you able to make a commitment to travel to all three trainings? YES NO

8. Will you need overnight accommodations to participate in the Institute? YES NO

9. Please tell us how you heard about this project.

h y c c l i e p i e l l h l ' p n n e h e i h l h ' l l i e p i e l l h ' y ' y ' f

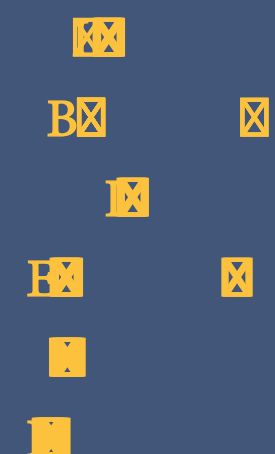


2325 E Carson St.
Suite 100A
Pittsburgh, PA 15203
www.pealcenter.org

FREE INSTITUTE SPONSORED BY

NON-PROFIT ORGANIZATION
U.S. POSTAGE PAID
PITTSBURGH, PA
PERMIT NO. 377

FREE INSTITUTE SPONSORED BY
THE FAMILY TO FAMILY HEALTH INFORMATION CENTER



LIH EH

Parent Leadership Institute

The PEAL Center is actively recruiting parents and family members to participate in the Parent Leadership Institute (PLI). The Institute is designed inform and educate parents on issues related to health care and disability policy in regard to children with special health care needs in Pennsylvania.

Historically, families have led reform efforts, making the family voice essential in making changes to accurately reflect the needs of children with special health care needs.

The goal of the PLI project is to provide parents with the information that they need to be informed and active participants in reform efforts related to health care and community services.

Participants:

- Gain knowledge and understanding about health care policy and the effects of those policies
- Increase communication and advocacy skills
- Develop leadership skills
- Expand network of colleagues with similar focus
- Plan and collaborate on parent institute project

You are invited to apply if you:

- Have a child with a disability or special health care needs, and
- Have experience with leadership in community or advocacy organizations, and
- Can make a commitment to complete all

Your commitment:

- Participate in all training sessions
- Participate in webinars and phone conferences scheduled between the face-to-face meetings
- Complete homework assignments and readings
- Complete work on a plan/project to demonstrate your personal growth as a leader

To Support Your Participation PEAL Will Provide:

- Mileage reimbursement for participants to travel to each session
- Meals during sessions including light family dinner on Friday evening, breakfast on Saturday morning, and a light family lunch on Saturday
- Option for overnight accommodations (at the hotel where the training occurs) in a double occupancy room for participants traveling to the Friday/Saturday sessions
- Participants can bring their family to stay in their hotel room as long as a responsible adult is present to provide childcare. There is a pool at the hotel. We will provide a list of local attractions and will attempt to have a room for crafts/games

March 31, 2017 - April 1, 2017

Friday & Saturday

Friday, 5:30 - 9:00 pm
 Saturday, 8:00 am - 4:00 pm
 Sheraton Erie Bayfront Hotel
 55 W Bay Road
 Erie, PA 16507

April 28, 2017 - April 29, 2017

Friday & Saturday

Friday, 5:30 - 9:00 pm
 Saturday, 8:00 am - 4:00 pm
 LOCATION TBD

May 19, 2017 - May 20, 2017

Friday & Saturday

Friday, 5:30 - 9:00 pm
 Saturday, 8:00 am - 4:00 pm
 Sheraton Erie Bayfront Hotel
 55 W Bay Road
 Erie, PA 16507

Topics Covered:

- History of Disability Leadership
- Advocacy and Organizing for Change
- Navigating the Maze of Services
- Health Care Law and Funding
- Education Law
- Medical Home and Family Centered Care
- Planning for the Future

Application Due by March 17, 2017

Cut on dotted line and mail this completed application in a separate envelope to:

Kelly King
 PEAL Center
 2325 E Carson St., Suite 100A
 Pittsburgh, PA 15203

OR email your numbered responses to the application questions to kking@pealcenter.org
 OR fax to 412-281-4408 **ADD SURVEY MONKEY LINK HERE**

Parent Leadership Institute Application

1. Personal Information

Name: _____
 Address: _____
 City/State/Zip: _____
 Home phone, including area code: _____
 Email: _____

2. Please describe your child with special health care needs and/or a disability

Your child's age _____ Your child's name _____
 Tell us about your child _____

3. Describe the skills and interests that make you a good candidate for the Parent Leadership Institute

