



# 2018 Take Your Legislator To Work Application For \_\_\_\_\_

(Please PRINT the participant's name)

The Michigan Developmental Disabilities Council is looking for individuals with developmental disabilities in the workforce for its Annual "Take Your Legislator to Work Campaign." This Campaign is in celebration of National Disability Employment Awareness Month in October.

Please review the information below and submit nomination recommendations to Mary Shehan-Boogaard, [shehanboogaardm@michigan.gov](mailto:shehanboogaardm@michigan.gov), by **Monday, June 1 @ 5:00 p.m.**

## Criteria for Individual, Integrated Employment

- ✓ **INDIVIDUAL:** Not a group or, as in an enclave
- ✓ **INTEGRATED:** Alongside individuals without disabilities with opportunities to interact with other people
- ✓ **EMPLOYMENT:** A job in the general workforce and in which the person is included in the payroll of the business or, the person is a self-employed business owner
- ✓ **MINIMUM WAGE:** A job making at or above minimum wage

## Questions:

1. Does this person have a community-integrated job? (based on the criterion above)  
 Yes  
 No
2. Does the nominee have benefits?  
 Yes  
 No  
If yes, what does it include: \_\_\_\_\_
3. How many hours per week does he/she work and how long have they been at this job?  
\_\_\_\_\_
4. What is his/her work schedule?  
\_\_\_\_\_
5. What are his/her job duties?  
\_\_\_\_\_
6. Why should this nominee be featured for the TYLTW campaign?  
\_\_\_\_\_
7. How did nominee obtain his/her job?  
\_\_\_\_\_

8. What is his/her disability? *Please check a box*

- Intellectual
- Physical
- Developmental
- Combination
- Other

9. What is his/her educational background? *Please Check a box*

- High School
- College
- Some College
- Vocational
- Other

10. Does the nominee use any accommodations at his/her job to get the job done?

- Yes
- No

If yes, please list:

11. Does the nominee consent to being videotaped and/or having his/her picture shared with the public and used in DD Council publications?

- Yes
- No

12. Contact information of the **Nominee**

Name: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_

13. Contact information of the **Recommender**

Name: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_

14. Where does the nominee **Work** (please include address)?

Name of company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Employer Name (Boss's name): \_\_\_\_\_

*(Please include completed/signed employer letter of support attached with application.)*