



2019 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 Jazmine Fewes, fewsj@michigan.gov, by **Friday, May 31 @ 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.)

15. How many years has the nominee had community-integrated employment?