



THE DD COUNCIL WANTS TO HEAR FROM YOU! PLEASE JOIN US FOR...

CRUCIAL CONVERSATIONS

Are you a person with a developmental disability, a family member of a person with a developmental disability, or an advocate for people with disabilities?

We're seeking input to create solutions to some of the most frustrating problems for people with I/DD. We'll focus on what's working and identify what changes are needed to eliminate barriers to people with I/DD living the lives they want.

9:30 am - 3:00 pm at each location

Lunch will be provided

Advance registration is required

**March 5, 2020-Traverse City
Registration Deadline: February 25, 2020**

**March 11, 2020-Holland
Registration Deadline: March 2, 2020**

**March 25, 2020-Houghton
Registration Deadline: March 15, 2020**

**March 26, 2020-Sault Ste. Marie
Registration Deadline: March 15, 2020**

Mileage and/or Childcare Reimbursement are available for those who qualify

Questions: Call Judy Snell at 517-284-7297 or email SnellJ8@michigan.gov

3 Ways to Register

1. **Online** at: <https://www.surveymonkey.com/r/DDCPublicInput>
2. **Fax** the form below to: 517-335-2751 (Attn: Judy)
3. **Email** the form below to: SnellJ8@michigan.gov

March 5, 2020 Traverse City Hotel Indigo 263 West Grandview Pkwy Traverse City, MI 49684	March 11, 2020 Holland Maas Center Auditorium 264 Columbia Ave, Holland, MI 49423	March 25, 2020 Houghton Bonfire Grill- Magnuson Hotel 820 Shelden Ave, Houghton, MI 49931	March 26, 2020 Sault Ste. Marie Kewadin Casinos Convention Center 2186 Shunk Rd, Sault Ste. Marie, MI 49783
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Which location are you registering for?

- Traverse City, March 5, 2020**
 Holland, March 11, 2020
 Houghton, March 25, 2020
 9:30 am - 3:00 pm
 9:30 am - 3:00 pm
 9:30 am - 3:00 pm
- Sault Ste Marie, March 26, 2020**
 9:30 am - 3:00 pm

Name: _____ Organization (if applicable): _____

Direct Care Worker Name (if they're coming with you): _____

Address: _____

Phone: _____ Email: _____

- Are you: A person with I/DD
 A Family Member
 Other: _____

Do you use a mobility device? Yes No Will you be accompanied by a service animal? Yes No

Choose three (3) topics that are a priority for you. (If a priority topic is not listed, please add it in the 'other' space)

- ___ Self-Advocacy (speaking up for yourself) ___ Employment (working in the community)
 ___ Community Inclusion (being a part of your community) ___ Self-Determination (directing your life)
 ___ Housing (living where you want) ___ Transportation (getting where you want to go) ___ Recreation
 ___ Education and Early Intervention Other: _____

Please list any accommodations you need to fully participate: _____

Do you have any dietary restrictions? vegetarian vegan gluten free other: _____

Will you need mileage reimbursement? Yes No Will you need childcare reimbursement? Yes No