

Family

Trainee Application

Fall 2017 – Spring 2018

*The Illinois LEND Program is funded Grant Number: T73MC11047 by U.S. Department of Health and Human Services—Health Resources and Services Administration (HRSA).*



*A collaboration between*

The University of Illinois at Chicago

The University of Chicago

Southern Illinois University- Carbondale

Rush University Medical Center

University of Illinois Urbana-Champaign

Easter Seals Central Illinois

Southern Illinois University School of Medicine

1640 W. Roosevelt Road, Chicago, IL 60608

Tel: 312-413-2652 | TTY: 312-413-0453

TO: Interested Family Members of Individual(s) with Autism or Other Neurodevelopmental Disabilities

FROM: Kruti Acharya, IL LEND Program Director

SUBJECT: 2017-2018 IL LEND Fellowship Program

Applications are now being accepted for the 2017-2018 IL LEND Fellowship Program at the University of Illinois at Chicago. Enclosed please find program information and an application form. Adults with developmental disabilities, parents and/or siblings of individuals with developmental disabilities, and individuals from diverse backgrounds are encouraged to apply. To learn more about IL LEND visit [www.illinoislend.org](http://www.illinoislend.org)

**Application Checklist**

□ Completed 2017-2018 Family Trainee application, including cover page

□ Résumé/CV (informal is acceptable)

□ Two letters of recommendation. Letters must be signed.

□ High School or College Transcript

□ Interview with one or more members of the review committee *(Selected applicants only)*

Please return application materials **by March 03, 2017** to:

Regina Meza

Project Coordinator, IL LEND Program

University of Illinois at Chicago

1640 West Roosevelt Road, MC 626

Chicago, Illinois 60608

Email: [rmeza3@uic.edu](mailto:rmeza3@uic.edu)

Phone Number: 312-996-8905

*For further information about LEND or for assistance completing this application, please contact Regina Meza, Project Coordinator, at 312-996-8905 or* [*rmeza3@uic.edu*](mailto:rmeza3@uic.edu)

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Family Trainee Application Cover Page

**What is LEND?**

The Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Interdisciplinary Training Program is a 1 year training program that incorporates both didactic and experiential learning in clinical and community-based settings. This program prepares future leaders who will serve children with disabilities (with a focus on autism) and their families through coordinated, culturally competent, and family-centered care, as well as through public health services and policy systems change. LEND is based at the University of Illinois at Chicago but partners with other institutions including the University of Chicago, Southern Illinois University, and Rush University.

**Training Activities**

The LEND training develops competency in the following 7 domains: (1) leadership (2) public health (3) interdisciplinary clinical training and practice (4) cultural competence (5) family centered care (6) emerging issues and (7) research. Learning experiences include core didactic seminars, interdisciplinary group activities, systems and policy trainings, clinical screenings, care coordination, a research or leadership project, and faculty mentoring. Sessions take place over 2 semesters starting **August 2017** and ending **May 2018**.

**Program Requirements**

Fellows in the LEND program are required to complete a minimum of 300 hours of didactic, advanced clinical, community, and interdisciplinary leadership training. The following activities are integral components of the LEND training program:

* A mandatory LEND Orientation held on **August 25, 2017** (8am to 4pm)
* Weekly seminars (Thursdays from 4 to 7pm)
* Bi-weekly Clinical sessions (Fridays from 1 to 4pm)
* Monthly meetings with your training coordinator
* Development of a Tailored Leadership Plan (TLP) to structure your LEND time and select personal goals
* Participation in clinical and community training including multiple visits outside of class time
* Development of a policy project and final LEND project
* A mandatory poster presentation of final LEND project at the end of the year Open House held on **May 3, 2018** (10am to 4pm)

**I have read and understand the requirements as listed on this application**

**Applicant Signature Date**



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**IL LEND Fellow Application 2017-2018**

***Family Trainee***

**Date Submitted**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information**

Name:

Local Address: Permanent Address (if different from Local):

Home Phone: Day Phone:

Cell Phone: Email:

What is the best way to contact you?

Home Phone Day Phone Cell Phone Email

**Demographic Information**

**Gender**: Male  Female

**Ethnicity**: Hispanic/Latino  Not Hispanic/Latino

**Race**: Black or African American American Indian/Alaska Native Asian  
White Native Hawaiian/Pacific Islander More than one

**Are you legally eligible for employment in the U.S.?**

**Languages Spoken:**

**Current Education *(if applicable)***

**Current Degree Program:**

College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program(s) of Study:

Advisor: Anticipated Date of Graduation:

Anticipated Degree: M.A. M.S. M.Ed. M.S.W. Ph.D. Other:

**Prior Education *(if applicable)***

Name of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program/s of Study: Date of Graduation:

Degree Earned: B.A. B.S. B.Ed. B.S.W. Other:

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program/s of Study: Date of Graduation:

Degree Earned: M.A. M.S. M.Ed. M.S.W. Other:

**Employment *(if applicable)***

Current Employer:

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours/Week: \_\_\_\_\_\_\_\_\_\_\_\_\_

Position Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Affiliation**

Relationship to family member affected by ASD and/or an ND: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis of Family Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of Family Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age When Diagnosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you the primary caregiver?­­­­­­­­­­­­­­­­­­ Yes No

**Family Trainee Application Questions**

**Directions**: On a separate page, please type your answers to the questions (you also may video or audio record your answers and send them in electronically). Each question can be answered in one or two paragraphs, but you may give longer answers if you wish.

1. Describe your personal involvement with individuals with disabilities and their families and in what way it has affected you. *(You may consider including being an advocate, resource, volunteer, emotional support, primary caregiver, secondary caregiver, etc.)*
2. Family discipline trainees are in a unique position to share their experiences and opinions in LEND. As a family member of a person with a disability, what experience/knowledge do you think you would offer to the program and your fellow trainees? What do you anticipate as potential challenges?
3. What aspect of the LEND Program is of the most interest to you? Why?
4. Please check the following areas in which you have experience:

Family/professional collaboration Early Intervention

FSP (Individualized Family Service Plane) Transition Services

IEP (Individualized Education Plan) Medicaid Waiver Services

ISP (Individual Service Plan) Foster Care

ITP (Individual Transition Plan) Loss and Change

FSS (Family Support Services) Parent-to-Parent Support or

Grant Writing Sibling-to-Sibling Support

Advocacy Public Speaking

Assistive Technology Public Policy

1. How did you hear about the IL LEND program?

Thank you for your application!

**Deadline: March 03, 2017**