

Project STIR™ – Training

[Steps Toward Independence and Responsibility]

July 23 through 25, 2018

Holiday Inn - West Chester

5800 Muhlhauser Road, 45069

<http://www.centreparkofwestchester.com>

This event is FREE for Hamilton County residents - to register visit:

www.hamiltondds.org/projectstir

If you reside in a different county, scroll down to register for this training



For YOUTH and ADULTS
who live with disabilities and those who support them

This training designed to provide you tools to advocate for yourself, connect with others and gain leadership skills.....

Topics include:

- ✓ Speaking up about employment (a job) and other things important to you:
 - Knowing Yourself & Standing Up for Yourself
 - Communicating (effective and non-effective ways)
 - Solving Problems (individually and as a group)
 - Rights and Responsibilities
 - Tools that can help you find a job

- ✓ Learn to start or strengthen a local network group

- ✓ Plan next steps for training and leading others

Participant “all inclusive” fee = \$575

If you **receive SELF Waiver services**, you may arrange to pay part (\$260) through Participant Goods and Services. Contact Dana Charlton

If a Resident of Hamilton County, the training is FREE for you and your ally!

Participant fee covers:

- Ally supporting the participant (lodging, food and training materials for both)
- Hotel room for 2 nights for both (double occupancy)-(single room occupancy)

- will be arranged, if requested, for an additional fee at ½ of the room cost)
- Breakfast and Lunch on days 2 and 3 and afternoon snacks. Dinner each evening is “on your own”.
 - Access to all presentation slides, handouts and links to other information used during the training is provided each participant and ally.

You won't want to miss this training opportunity!

- ✓ Presented by trainers who live with a disability and are approved by the Council of Ohio Leaders (COOL) of the Ohio Self Determination Association (OSDA).
- ✓ Space for 30 individuals who live with a disability – each with an ally (family, staff or friend) who will be trained with you and support you during the training. Ask a person to be your ally who is willing to commit to assist you in local advocacy efforts and, if you choose, to share what you learn with others locally and to network with others.
- ✓ Provides the practical, “how to” tools to be a self-advocate and leader in making choices and decisions about a job and how to live your life.
- ✓ Empowers people with disabilities, with support from families, friends and other connections to use leadership skills to take charge of their lives.
- ✓ Develops or strengthens local advocacy groups by establishing structure, purpose and connections with others, including the business community.
- ✓ Provides 18 continuing education credits to persons certified to work at a county board of DD and meets private provider certification training requirements of DODD.
- ✓ Uses a “train the trainer” approach, originally developed by the University of North Carolina, Chapel Hill, with funding from the Administration of Developmental Disabilities and is based on activities from their *Speak Up Guide* that helps one who lives with a disability to self-advocate and to lead their own training and their *Road to Work Manual* that helps one to learn about tools that can help you find a job.

✓ **Sponsored by;**





Ohio Self Determination Association

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July 23 through 25, 2018

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<http://www.centreparkofwestchester.com>

***** Registration Deadline – June 15, 2018 *****

Please complete a registration form for each participant and
Email to osda2011@gmail.com

or

Mail with check or purchase order, made payable to
Ohio Self Determination Association, to:
Attention: OSDA, 6155 Huntley Road, Suite i , Columbus Ohio. 43229

NOTE: Hotel reservations will be made by OSDA. Training details you need to know before you arrive will be provided by email 1 week prior to the training. Confirmation of your registration will be made after July 5, 2018.



1. Participant Name: _____ Male Female

County of Residence: _____

Address: _____ City: _____ Zip: _____

Email: _____ Phone: (____) ____ - _____

Please include a direct email address for each person attending

Accommodation needed? _____

Special Diet needed? _____

Name of Roommate: _____



2. Support /Ally Name: _____ Male Female

Address: _____ City: _____ Zip: _____

Email: _____ Phone: (____) ____ - _____

Please include a direct email address for each person attending

Accessibility Needs: _____

Special Diet Needs: _____

Name of Roommate: _____

Comments: _____

If payment or Purchase Order or PO number is not included, please enter name and mailing address of the person or organization responsible for payment: _____
