

Policy Advocacy and You

Why Personal Stories Matter

FEBRUARY 27, 2018 | 8:30 A.M.—NOON

Jewish
Disability
Awareness &
Inclusion
Month

In recognition of Jewish Disability Awareness and Inclusion Month, please join us for this sixth annual event which will highlight the importance of finding and sharing personal stories to promote change in disability and aging policy. This program will create a safe space in which to explore these stories and how to harness their power.

FEATURED SPEAKERS



Erika Hagensen, M.S.W.,
Disability Policy and Advocacy Consultant



Amber Smock,
Director of Advocacy and External Affairs at Access Living

LOCATION: Beth Hillel Congregation B'nai Emunah | 3220 Big Tree Lane, Wilmette, IL 60091

TIME: 8:30–9 a.m. | Registration and light breakfast ▪ 9 a.m.–Noon | Program

COST: \$40 for Professionals—3 CEUs (LSW, LCSW, LPC, LCPC, QIDP)
Free for adults with disabilities, older adults, family members, personal attendants and students.

REGISTRATION:

- Register online by February 19, 2018 at <https://jcfs.formstack.com/forms/policyadvocacyandyou>
- Complete and mail registration form on next page.
- Payment at door. Cash or Check to CJE SeniorLife.

ACCOMMODATIONS:

- A map of the area and parking information will be provided to participants prior to the event.
- CART (Communication Access Realtime Translation) services, personal attendant services, large print and Braille documents will be available at the program. ASL upon request.
- **To request additional accommodations, inquire about travel planning or ask any other questions about this program, contact us at 773.508.1121 or Linkages@cje.net by February 19.**

PROGRAM SPONSORS: Access Living
CJE SeniorLife
Encompass
Jewish Child and Family Services
JVS Chicago

Keshet
Linkages
The ARK
UIC Department of Disability
and Human Development



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REGISTRATION FORM *Please register by February 19, 2018 to ensure a seat.*

- Adult with disability, older adult, family member, personal attendant or student
(No fee for program)
- Professional (\$40 fee)

FOR ALL ATTENDEES (please print clearly)

Name: _____

Address: _____

Daytime Phone Number: _____

E-mail: _____

Please specifically identify any accommodations that you need at this program:

MAIL TO: Talana Brooks
JCFS Cooper Center
6639 N. Kedzie
Chicago, IL 60645

FOR PROFESSIONALS

Agency/Employer: _____

Job Title: _____

License #/Credential: _____

Type of Continuing Education Credits: _____

(LSW, LCSW, LPC, LCPC, QIDP, or require only a certificate of attendance)

PAYMENT

\$40 for Professionals to be made at the door

Cash or check made out to CJE SeniorLife