



Project STIR_™ – Training [Steps Toward Independence and Responsibility]

March 14 through 17, 2016 Four Points by Sheraton Cincinnati North

Scroll to the bottom to register for this training or click this link: www.osdaohio.org/trainings.html



For YOUTH and ADULTS with disabilities and those who support them

A Hands-On Training for you and your support ally...designed to provide the tools to advocate for yourself, connect with others in advocacy and gain leadership skills and experience.

This training.....

- ✓ ...is provided by the Ohio Self Determination Association (OSDA), through its Council
 of Ohio Leaders (COOL), and is partially funded by the Ohio Developmental Disabilities
 Council under the Developmental Disabilities Assistance and Bill of Rights Act
- ✓ ... targets 30 individuals with a disability who participate with an ally (family, staff or friend). The ally takes part in the training and provides support to the new Ohio Leader to participate in quarterly follow up meetings and other advocacy efforts.
- ✓ ...provides the practical, "how to" tools to be a self-advocate and leader in making choices and decisions about how to live your life
- ✓empowers people with disabilities, with support from families, friends and professional associates to be in charge of their lives by using leadership skills
- ✓ ...develops or strengthens local advocacy groups by establishing structure and purpose
- ✓ ...provides 18 continuing education credits to persons certified to work at a county board of DD and meets private provider certification training requirements

For more information: Contact Dana Charlton at 614/562-1375 or osda2011@gmail.com





Project STIR™ Training GOALS:

- ✓ Practice tools for speaking up:
 - Knowing yourself & Speaking Up
 - Communicating (effective and non-effective ways)
 - Solving Problems (individually and as a group)
 - Rights and Responsibilities
- ✓ Learn to start or strengthen a local advocacy group
- ✓ Plan next steps for training and leading others

Sponsored by the Butler County Board of DD



Four Points by Sheraton-Cincinnati North

7500 Tylers Place Boulevard West Chester, OH, 45069

Telephone: 513-644-4281 Fax: 513-777-6369 www.FourPointsCincinnatiNorth.com

OSDA will reserve lodging for all – Use the links to find out about hotel services and location.

Participant "all inclusive" fee = \$415

SELF Waiver enrollees may arrange to pay part (\$260) through Participant Goods and Services. Contact Dana Charlton at 614-562-1375 for details.

Participant fee covers:

- Ally supporting the participant (lodging, food and training materials for both)
- Hotel room for 3 nights, (double occupancy) for both (single room occupancy will be arranged, if requested, for an additional fee ½ of the room cost)
- Breakfast on days 2, 3 and 4; Lunch on days 2 and 3 and afternoon snacks. Dinner each evening is "on your own".
- A disc of presentation slides, handouts and links to other information used during the training is provided each participant and ally.

Training details you need to know before you come will be provided by email to the participant and ally about 1 week prior to the training – <u>Please include an email address on the registration form for all person attending.</u>

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Please complete a registration form for each participant and

Email to osda2011@gmail.com or Fax to 614/846-5530

or

Mail with check or purchase order, made payable to Ohio Self Determination Association, to: OSDA – Attention: Megan 705-E Lakeview Plaza Blvd. Worthington, Ohio 43085

NOTE: All hotel reservations will be made by OSDA. Confirmation of your registration will be made by EMAIL two weeks prior to the start of the training. Participant Name: County of Residence: Address: _____ City: _____ Zip: ____ Phone: (____) ___ - ____ Email: Please include a direct email address for each person attending Accessibility Needs: _____ Special Diet Needs: _____ Name of Roommate: Support /Ally Name: Male Female Address: City: Zip: _____ Phone: (____) ____- ____ Please include a direct email address for each person attending Accessibility Needs: Special Diet Needs: _____ Name of Roommate:

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