Peer Connections Project

The Developmental Disabilities Council (DDC) is beginning a new project called the “Peer Connections Project”. This project will match trained “peer” visitors with clients of the DD Administration who receive services from an Independent Provider and who no longer have family involved in their lives.

The Peer Visitors recruited for the project will be people with developmental disabilities and others interested in making connections with DDA clients. They will be paid a small stipend to make two visits with the person over the course of a year.

The DDA has identified about 500 clients receive support by an independent provider and who have no family involved in their lives. However, clients will be asked if they wish to participate and their participation will be voluntary.

The DDC will provide oversight of the project, training, background checks, logistics, and other supports the peer visitor might need.

This is a creative partnership between the DDC and the DDA with funding from the DDA.

For more information contact:

Ed Holen
Executive Director
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1-800- 634-4473
Peer Connections Application

Peer Connections is recruiting for people with developmental disabilities and others interested in making connections with DDA clients. Volunteers will be paid a small stipend to make two visits over the course of a year.

Name: ________________________________
Address: ________________________________
Phone: ________________________________
Email: ________________________________

I need travel assistance to attend the one day training (10:00 am to 3:00 pm) at the SeaTac Airport Conference Center or the Arc of Spokane.

Mileage: Yes  No
Airfare: Yes  No

Other: ________________________________

Over
All volunteers with the Washington State Developmental Disabilities Council must pass a background check (see WAC 388-06-0110). By signing below, you give the Washington State Developmental Disabilities Council permission to conduct a background check.

Should the background check results indicate a criminal offense that may disqualify you from volunteering with the Developmental Disabilities Council, you will be notified immediately.

Should the background check results indicate no criminal offense that would disqualify you from volunteering with the Developmental Disabilities Council you will be cleared for participation. Your results will remain on file for at least one year and a background check will be conducted each year for which you wish to volunteer with the Council.

I, ____________________________________, give the Washington State Developmental Disabilities Council permission to conduct a Washington State Patrol background check. I understand that all information will be kept confidential and will only be used to qualify me to volunteer for Washington State Developmental Disabilities Council projects.

Please list any other names you may have been known by. Include any nicknames, maiden names, previous married names, etc.

________________________________________________________________________

________________________________________________________________________

Date of Birth

________________________________________________________________________

Signature __________________________ Date ___________