



# DDS CAC is RECRUITING!!

The Department of Developmental Services (DDS) Consumer Advisory Committee (CAC) provides advice to the Department on policies, programs, legislation, and regulations that affect the lives of consumers in California.

## About the CAC:

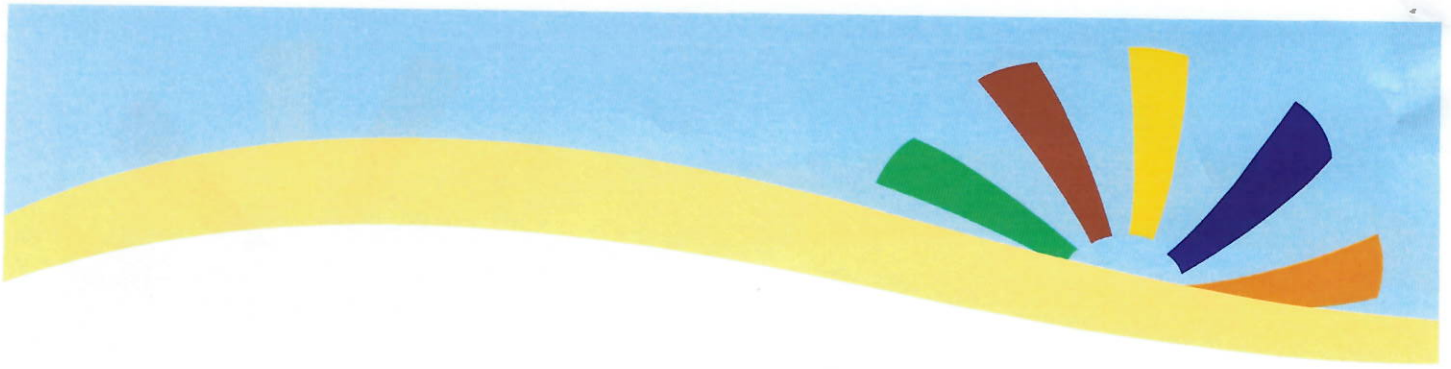
- ☀ Made up of fifteen (15) members from all over California
- ☀ Meets up to four (4) times per year in Sacramento or by video/conference call
- ☀ Members share information with local self-advocacy organizations in their communities, and bring their input back to the CAC
- ☀ Costs of transportation, hotel, meals, and facilitators (if needed) will be paid for by the Department

## If you would like to apply for appointment to this committee, here is what you need to know and do:

- \* Check the back of this flyer to see if we are recruiting from your regional center.
- \* You must have a developmental disability and use the services of a regional center or live at a developmental center.
- \* You must be a member of a local self-advocacy group or another organization that serves or empowers people with developmental disabilities.
- \* You **MUST** be nominated for membership by your local self-advocacy group or developmental disability organization.
- \* Fill out the attached application completely and email it with your nomination letter to [CAC@dds.ca.gov](mailto:CAC@dds.ca.gov) or mail it to the address below.



Department of Developmental Services  
Quality Management Section  
Attention: Nicole Patterson  
1600 9th Street, Room 330, MS 3-9  
Sacramento, CA 95814  
Questions? Call Nicole Patterson at (916) 654-1494



## The DDS CAC is currently recruiting members from the following regional centers:

- ☀ Alta California Regional Center (ACRC)
- ☀ Far Northern Regional Center (FNRC)
- ☀ Kern Regional Center (KRC)
- ☀ North Bay Regional Center (NBRC)
- ☀ North Los Angeles County Regional Center (NLACRC)
- ☀ Redwood Coast Regional Center (RCRC)
- ☀ Regional Center of Orange County (RCOC)

**Note: Regional Center employees are not eligible**

# CONSUMER ADVISORY COMMITTEE MEMBERSHIP APPLICATION DS 254 (12/2007) (Electronic Version)

*For help filling out this form  
please see the attached instructions*

**NOTE: The use of this form does not constitute consent to release confidential information that might be protected from disclosure pursuant to Welfare and Institutions Code sections 4514 and 5328, or other applicable state or federal law.**

## Your Personal Information:

My name is ...

Name: \_\_\_\_\_



Address: \_\_\_\_\_



Cellphone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_



Email Address: \_\_\_\_\_



Name of Your Regional Center or Developmental Center: \_\_\_\_\_



Your Local Self-Advocacy Group: \_\_\_\_\_



Are you a:  Male  Female  Other



Your Age Group:  18-25  26-35  36+



**CONSUMER ADVISORY COMMITTEE  
MEMBERSHIP APPLICATION  
DS 254 (12/2007) (Electronic Version)**



Do you serve on or belong to other boards, committees, and/or organizations? If so, please tell us what they are.



Please get a letter of recommendation from someone that can tell us why DDS should select you to be a member.



Why do you want to be a member of the DDS Consumer Advisory Committee?



If you want or need someone to support you at the CAC meetings, do you have someone in mind?

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_






## INSTRUCTIONS ON HOW TO FILL OUT DDS CAC APPLICATION



### Help

If you want help filling out this application, ask your friends, family, care provider, day program staff, regional center service coordinator, state developmental center staff, advocate, or anyone else you think will help you.



My name is ...

1. Put your name under **Name**.



2. Put the address of where you live under **Address**.



3. Put your cellphone number (with area code) under **Cellphone**.

4. Put your alternate phone number (with area code) under **Alternate Phone Number**.



5. Put your email address under **Email Address**.



6. Put the name of your regional center under **Name of Your Regional Center**.



7. If you are a member of a local People First, or other self-advocacy organization, put in the name of the group under **Your Local Self-Advocacy Group**.



8. Check whether you identify as a man, woman, or other.



9. Check the age group that you belong to.





## INSTRUCTIONS ON HOW TO FILL OUT DDS CAC APPLICATION



10. Put in the names of any other boards, committees, and organizations that you belong to such as regional center board, Regional Advisory Committees, etc.



11. Before you send in your application, DDS would like you to get a letter of recommendation from an individual, or group that you are part of in your community, telling us why you would be great for this committee.



12. We want to know why you want to be a member of the Department of Developmental Services Consumer Advisory Committee. Please use this space to tell us. You may add more pieces of paper if you need to. If you use more paper, be sure to include it when you send your application to DDS.



13. If you know who will be supporting you at CAC meetings, put in their name and phone number.



14. Mail or email your application and letter of recommendation to:

**Mail to: Department of Developmental Services  
Quality Management Section  
Attention: Nicole Patterson  
1600 9<sup>th</sup> Street, Room 330, MS 3-9  
Sacramento, CA 95814  
(916) 654-1494**

**Email to: [CAC@dds.ca.gov](mailto:CAC@dds.ca.gov)**

**You can also complete and print your application online at:  
<https://www.dds.ca.gov/ConsumerCorner/CAC.cfm>**

