

SDAC Application

Unique ID: SDAC-238

First Name: REDACTED

Address: REDACTED

County of Residence: **Orange**

Phone: REDACTED Email: REDACTED

Race/Ethnicity (Optional):

Regional Center: Orange County

I am a: Self-Advocate (Person with disability)

Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?

Yes

How did your interest in, or knowledge of, the developmental disability field and service system develop?:

I have aspergers

What are your areas of interest in the developmental disability field and service system?:

Aspergers and self-determination

Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:

I am currently in self-determination and could advocate