

SDAC Application

Unique ID: SDAC-254

First Name: REDACTED

Address: REDACTED

County of Residence: **San Diego**

Phone: REDACTED Email: REDACTED

Race/Ethnicity (Optional): Asian

Regional Center: San Diego

I am a: Family Member

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 am parent of an adult with special needs. Alos, co founder of a non-profit that supports families with special needs in greater SD.

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

Self determination prog, services for adults with special needs, social skills building for special needs.

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

Managing adult son with disabilities and alos involved in in many special needs groups, populations