

## SDAC Application

**Unique ID: SDAC-289**

First Name: REDACTED

Address: REDACTED

County of Residence: **San Francisco**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional): White

Regional Center: Golden Gate

I am a: Family Member

---

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

No

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

I am the parent of a neuro divergent adult in SDP and a certified IF. Formally a CASA, Special Olympics coach and team leader, trained disability rights mentor and parent advocate. Business owner and consultant with 35 years of experience in various sectors including healthcare. I assist regional companies providing services to the neuro divergent community.

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

SDP; increasing service options and availability for Developmentally Disabled adults and children; helping those with a disability access appropriate healthcare; independent facilitation and advocacy.

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

I am the parent of an adult in SDP and a certified IF. I assist families navigating the SDP process, and I am aware of the misinformation and misunderstanding that exists about SDP. I want to help the council educate the DD community. I believe my extensive business experience and network of contacts can be of assistance to families entering and navigating SDP. I have served on many boards and councils throughout my life. Public service is important to me.