

SDAC Application

Unique ID: SDAC-294

First Name: REDACTED

Address: REDACTED

County of Residence: **Sonoma**

Phone: REDACTED Email: REDACTED

Race/Ethnicity (Optional): Hispanic or Latino

Regional Center: North Bay

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?:

My son is client of the NBRC

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

Self determination details

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

I have not had any previous experience with self determination program, I would like learn more about this program