

SDAC Application

Unique ID: SDAC-296

First Name: REDACTED

Address: REDACTED

County of Residence: **Solano**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional): Hispanic or Latino

Regional Center: North Bay

I am a: Self and family

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?:

My daughter

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

Resources and advocacy

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

Training with DOR