

SDAC Application

Unique ID: SDAC-300

First Name: REDACTED

Address: REDACTED

County of Residence: **Orange County**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional): White

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?

No

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

I have been disabled my entire life and have been a client of the regional center as long as I can remember.

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

I am interested in all areas.

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

I have been a part of Self-determination as of July 2022. I wish to be a part of the committee to expand my knowledge of SDP and help others advocate for themselves.