

Redacted Membership Application

MM-727

Name: REDACTED

Address: REDACTED

County of Residence: **Sikiyou**

Email : REDACTED

Phone: REDACTED

Race: Hispanic or Latino, White

I am a: parent, family member, legal guardian or conservator of a person with a developmental disability

Are you currently employed by, or a member of the governing board of an organization providing services to persons with developmental disabilities?:

No

Are you a member of a nongovernmental agency that does not receive regional center funding?

No

Do you want to serve on the State Council: Yes, I want to apply to serve on the State Council

Do you want to serve on a Regional Advisory Committee: Yes, I want to apply to serve on the Regional Advisory Committee

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

My interest developed as a sister of a severely autistic brother and the mother of a high-functioning autistic son. I went to every training class provided by Lanterman Regional Center and Far Northern Regional Center (age appropriate). I was trained as a Peer to Peer counselor by Lanterman RC. I was a founding member of the Foothill Autism Alliance (FAA, now known as the Autism Alliance) and served as Secretary and 3rd VP.) I was president of the Siskiyou County SELPA advisory board.

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

Education for all ages, parent/care giver support groups, and compliance/non-compliance with IEPs, IPPs, SSPs, etc.

Please explain why you wish to serve on the State Council on Developmental Disabilities, or on one of its Regional Advisory Committees:

I will never stop being a voice for all the disabled, for my son and brother.

What strengths would you bring to the State Council and/or Regional Advisory Committee?:

Knowledge, constant self-education on I/DD, experience with the adult I/DD community, and a passion for serving all affected by I/DD and Rare Genetic Disorders