



SELF DETERMINATION SERVICES ADVISORY COMMITTEE INTEREST FORM

1. Your Name: _____

2. A) Phone Number: _____ B) Email: _____

3. Which county do you live in? San Luis Obispo County Santa Barbara County
 Ventura County

4. You are:

An adult who receives regional center services

A family member of someone who receives regional services (age of family member?)_____

Other (please indicate) _____

5. How do you or your family member qualify for regional center services (check all that apply):

Intellectual Disability (formerly
Mental Retardation)

Cerebral Palsy

Epilepsy

5th Category

Autism

Not receiving services from the
regional center

6. What is your ethnicity?

Asian

African- American

Filipino

White

Hispanic/Latino

Native American

Polynesian

Other:

7. Please provide a brief statement explaining your interest in this committee, including any relevant skills and/or experience. Feel free to continue on the backside of this paper.