phone (805) 648-0220 **email** centralcoast@scdd.ca.gov **fax** (805) 648-0226 **website** www.scdd.ca.gov/centralcoast.htm





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 Ventura County	Santa Barbara County
4. You are:	ventura county	
☐ 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 (form	nerly \Box	5 th Category
Mental Retardation)		Autism
Cerebral Palsy		Not receiving services from the
☐ Epilepsy		regional center
6. What is your ethnicity?		
Asian		Native American
African- American		Polynesian
Filipino		Other:
☐ White		
☐ Hispanic/Latino		

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.