

Region: _____

Date Completed: _____

Name of Nominee: _____

City: _____ State: LA Zip Code: _____

Email: _____

Daytime Phone: _____ Fax Number: _____

Parish of Residence: _____ Parish of Work: _____

Recommended by: _____

The purpose of collecting the following information is to assist in the selection of members who can best represent the region's population. You are not obligated to provide this information.

Racial/Ethnic Group:

Black/African American

Hispanic

Caucasian/White

Other: _____

If selected I will serve as a representative of the following, representing a cross section of developmental disabilities services as defined in [RS 48.451.2](#):

Individual with intellectual/developmental disability.

Parent or family member of individual with intellectual/developmental disability

Representative of advocacy organization: _____

Public Provider: _____

Private Provider (not-for-profit): _____

Please tell about any experiences you have had that are relevant to serve on this committee. Also, describe what you hope to accomplish by serving. You may attach additional sheets, if necessary.

Signature of Nominee: _____

Note: Please list any accommodations as needed: _____

LGE approval: _____