

REGIONAL ADVISORY COMMITTEE (RAC) NOMINATION FORM

Region:
Name of Nominee: City: State: LA Zip Code: Email:
City: State: LA Zip Code:
Daytime Phone: Parish of Residence: Parish of Work:
Parish of Residence:
Recommended by: The purpose of collecting the following information is to assist in the selection of members who can be represent the region's population. You are not obligated to provide this information. Racial/Ethnic Group: Black/African American Hispanic Caucasian/White Other: 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,
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Private Provider (not-for-profit): Please tell about any experiences you have had that are relevant to serve on this committee. Also,
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: