

## STATE ADVISORY COMMITTEE (SAC) NOMINATION FORM

Region:
Date Completed:
Name of Nominee:
Date Nominee Voted on by RAC:
Name of RAC Chairperson/Designee Submitting Nomination:
Nominee will serve as a representative of the following, representing a cross section of developmental
disabilities services as defined in RS 28:451.2:
Individual with intellectual/developmental disability.
Parent of individual with intellectual/developmental disability
Representative of advocacy organization:
Provider:
Private Provider (not-for-profit):
Please list any accommodations needed: