

Nomination Form
Office for Citizens with Developmental
Disabilities (OCDD) FPHSA Regional Advisory
Committee (RAC)

Region: 9 Florida Parishes Date Completed: _____

Name of Nominee: _____

Street Address: _____

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.

Circle Racial/Ethnic Group: Black/African American Hispanic Caucasian/White Other: _____

If selected I will serve as a representative of the following:

- ☐ Individual with intellectual/developmental disability.
- ☐ Parent of individual with intellectual/developmental disability living at home.
- ☐ Parent of an individual with intellectual/developmental disability living in a group/community home or in an apartment.
- ☐ Parent of an individual with intellectual/developmental disability living in a state operated/private developmental center.
- ☐ Representative of advocacy organization: _____ (name)
- ☐ Provider: _____ (name)
- ☐ Private Provider (not-for-profit): _____ (name)

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

Please list any accommodations you need to fully participate in the RAC Meetings:

Signature of Nominee: _____