

**CONSUMER ADVISORY COMMITTEE
MEMBERSHIP APPLICATION
DS 254 (1/2008) (Electronic Version)**

*Confidential Consumer Information
See W & I Code Section 4518*

*SEE INSTRUCTIONS ON HOW TO FILL OUT THE APPLICATION ON
THE FOLLOWING PAGE*

1. Your Name: _____

2. Your Address: _____

3. Your Daytime Telephone Number: () _____

4. Your Evening Telephone Number: () _____

5. Name of Your Regional Center or Developmental Center:

6. Are you a member of:

Local People First _____
(Name)

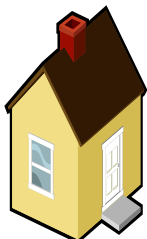
Local self-advocacy group _____
(Name)

7. Are you a: Male Female

INSTRUCTIONS ON HOW TO FILL OUT APPLICATION



If you want help filling out this application, ask your friends, family, care provider, day program staff, regional center service coordinator, state developmental center staff, advocate, or anyone else you think will help you.



1. Put **your name** under **Your Name**.

2. Put **the address of where you live** under **Your Address**. Be sure to include the number, street name, city, state, and zip code.



3. Put **your telephone number during the day** under **Your Daytime Telephone Number**. Be sure to include the area code.



4. Put **your telephone number during the evening and night** under **Your Evening Telephone Number**. Be sure to include the area code.



5. Tell us the name of your regional center or developmental center.



6. If you are a member of a local People First and/or self advocacy organization, check the box and put in the name of the group.



7. Check the box that shows if you are a man or a woman.



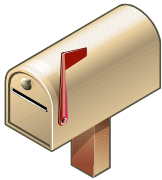
8. Put in the names of any other boards, committees and organizations that you belong to like regional center board, area board, etc.



9. We want to know why you want to be a member of the Department of Developmental Services Consumer Advisory Committee. Please use this space to tell us. You may add more pieces of paper if you need them to tell us the reasons. If you use more paper, be sure to include it when you send your application to DDS.



10. Before you send in your application, DDS would like to know what your peers think of you. We would like you to get a letter from a group that you are apart in your community telling us why you would be great for this committee.



11. Once you have put in the information, send your application to:

**Office of Human Rights and Advocacy Services
Department of Developmental Services
1600 9th Street, Room 240, MS 2-15
Sacramento, CA 95814
(916) 654-1888**