



Interagency Coordinating Council on Early Intervention
1600 Ninth Street, Room 330, Sacramento, CA 95814
(916) 654-2773 · FAX (916) 654-3255 · TDD 654-2054



COMMUNITY REPRESENTATIVE APPLICATION

Name:	
Address	
Phone:	
Email:	

Are you a parent of a child with special needs? ☐ Yes ☐ No
If yes, what age is your child? _____ Child's Date of Birth: _____

Provide a brief description of your background as it relates to early intervention.

Which Workgroup would you be interested in serving on?

- ☐ Improving State Systems Workgroup
☐ Communications & Outreach Workgroup
☐ Either of the Above

How would the ICC benefit from you being added as a community representative?

Please email this completed application to [Emily Woolford](#) at the Department of Developmental Services. If you have questions, please call (916) 654-2048.