



Interagency Coordinating Council on Early Intervention
1215 O Street, MS 7-40, Sacramento, CA 95814
 (916) 654-1954 · FAX (916) 654-3255 · TTY 711



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 Committee
☐ Communications & Outreach Committee
☐ Either of the above

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

Please email this completed application to the Early Start Inbox at EarlyStart@dds.ca.gov.
 If you have questions, please call 1-800-515-BABY (1- 800-515-2229).