

**The Provider
Advisory Committee
is mandated by the
Lanterman Act
§4622(i).**

The Provider Advisory
Committee shall
provide advice,
guidance,
recommendations and
technical assistance to
the regional center
board in order to assist
the regional center in
carrying out its
mandated functions.

**WE NEED YOUR
INPUT!**

**All are welcome to
attend meetings.
If you want to be a PAC
member, please fill out
the application.**

ACRC's PAC Application for Membership

The following information will
be received by the PAC
Community Outreach Sub-
Committee. All application
information will be held in strict
confidence. If you have any
questions, please contact Lisa
West at (916) 978-6245.

(Contact Person)

_____/#_____
(Vendor Name & Number)

(Address)


(City and Zip Code)

(Daytime phone number)

(Cell phone number)

(e-mail address)

(website address)

 You will be contacted by a
sub-committee member

Services Provided:

Office/locations in which
counties:

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Alpine | <input type="checkbox"/> Sacramento |
| <input type="checkbox"/> Colusa | <input type="checkbox"/> Sierra |
| <input type="checkbox"/> El Dorado | <input type="checkbox"/> Sutter |
| <input type="checkbox"/> Nevada | <input type="checkbox"/> Yuba |
| <input type="checkbox"/> Placer | <input type="checkbox"/> Yolo |

Ages served:

- ☐ 0 – 2 yrs.
☐ 3 - 17 yrs.
☐ 18+ yrs.

Applicant's Signature:

Date: _____

*Please mail or fax [(916) 489-1857]
completed application to Lisa West,
Executive Secretary to the
Board of Directors*

*** Application good for one year**