



## Application for Appointment to the Board of Directors

The Alta California Regional Center Board (ACRC) of Directors is made up of volunteers from the geographic area served by ACRC. Board members play an important role in providing policy leadership and oversight for ACRC. One purpose of our Board is to keep ACRC connected to its community and responsive to the community's needs.

**The Lanterman Act, which established the regional center system, has requirements for Regional Center Boards; some information requested in this application is necessary pursuant to that legislation. The Lanterman Act's relevant provisions are found in the Welfare and Institutions Code, sections 4622 and following.**

*\*If you are a client of ACRC and you would like help in completing this application, please feel free to contact your Alta Service Coordinator for assistance.*

### I.

A. Name: \_\_\_\_\_

B. County of Residence: \_\_\_\_\_

C. Residence Address: \_\_\_\_\_

D. Mailing Address (if different): \_\_\_\_\_

E. Daytime Phone Number: \_\_\_\_\_

F. Evening Phone Number: \_\_\_\_\_

G. Cell Phone: \_\_\_\_\_



*Please indicate with an asterisk (\*) the preferred phone number to reach you*

H. Email: \_\_\_\_\_

### I. Employment/Occupational Status

full time       part time       retired

day program       not currently working

other (Please explain): \_\_\_\_\_

J. Employer: \_\_\_\_\_

- Public                       Private                       Non-profit

K. Position: \_\_\_\_\_

L. Spouse's Employer: \_\_\_\_\_

M. Position: \_\_\_\_\_

N. Your Educational Background: \_\_\_\_\_

\_\_\_\_\_

O. Your Professional or Occupational Background: \_\_\_\_\_

\_\_\_\_\_

P. Have you ever been convicted of a felony?       Yes                       No

If the answer is yes, please provide dates, jurisdiction, conviction details, and other relevant information: \_\_\_\_\_

\_\_\_\_\_

*(An affirmative answer to this question does not necessarily disqualify an applicant from ACRC Board service)*

## II.

A. How did you develop an interest in or knowledge of developmental disabilities? (Describe your employment, education, personal circumstances or other activities which demonstrate your interest or knowledge)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Areas of Expertise You Would Bring to the ACRC Board (Check All that Apply):

- Accounting /Financial       Administration/Management
- Client Advocacy               Developmental Disability Program Skills
- Education                       Law                       Local Agency Representative
- Public Relations               Self-Advocacy
- Vendor/Provider               Client Advisory Committee
- Prior Service on a Board of Directors (non-regional center)

Other (Please Explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a brief explanation of each category that you checked above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Please list all current and recent (last 5 years) memberships in associations, service clubs, social clubs, occupational groups, professional organizations, and developmental disability affiliations. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. Please list all offices and other positions of responsibility you have held in the groups or organizations listed above. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III.

A. Demographics (Check All that Apply):       Male       Female  
 Mixed       Asian       African American       Filipino  
 Hispanic/Latino       Native American       White  
 Other (Please specify) \_\_\_\_\_

B. Are you a Client of the Regional Center?       Yes       No

If the answer is yes:

1. If you become an ACRC Board member, will you require transportation?

Yes       No

2. Will you require facilitation (assistance) in preparing for and participating in meetings?

Yes       No

C. Are you a relative, conservator or guardian of a Client of the Regional Center?

Yes       No

If the answer is yes:

1. What is the relationship? (Please describe) \_\_\_\_\_

2. What is the age of the client with whom you have the relationship? \_\_\_\_\_

D. If you are a Client or have a relationship to a Client as described above, please check all that apply to the client:

- Autism                       Cerebral Palsy                       Epilepsy
- Intellectual Disability (formerly described as Mental Retardation)
- Other (Please specify) \_\_\_\_\_

E. If you are a Client or have a relationship to a Client as previously described, please designate the residence category:

- Independent Living                       Family Home                       Supported Living
- Licensed Care Home                       Developmental Center
- Other (Please specify) \_\_\_\_\_

F. Do you have prior membership on a regional center Board?     Yes                       No

If the answer is yes:

1. Please provide regional center's name: \_\_\_\_\_

2. Please provide the years of service and offices held? \_\_\_\_\_

G. Are you or is any member of your family an employee or Board member of any business entity that provides services to clients served by any regional center?

- Yes                       No

1. If the answer is yes, please explain: \_\_\_\_\_

H. Are you or is any member of your family an employee or a member of the State Council on Developmental Disabilities/Area Board?     Yes                       No

1. If the answer is yes, please explain: \_\_\_\_\_

I. Are you or any member of your family employed by the State Department of Developmental Services (DDS) or any state or local agency that provides services to regional center Clients?

- Yes                       No

1. If the answer is yes, please explain: \_\_\_\_\_

IV.

A. How did you hear about the ACRC Board of Directors? \_\_\_\_\_

\_\_\_\_\_

B. Please describe why you would like to serve on the ACRC Board. \_\_\_\_\_

\_\_\_\_\_

1. Have you had personal experiences with members of the ACRC Board or ACRC employees? \_\_\_\_\_

\_\_\_\_\_

2. Is there anything you have seen or experienced that, in your opinion, should be improved or changed at ACRC? \_\_\_\_\_

\_\_\_\_\_

3. Is there anything you would like to favorably comment on regarding ACRC?

\_\_\_\_\_

\_\_\_\_\_

V.

Please provide the name, address and phone numbers of two references (personal or professional):

**Reference #1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Reference #2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please completely answer all of the above questions; attach extra sheets of paper as needed and reference your additional answers with the numerical/alphabetical question to which it responds. All information will be kept confidential.

Under the Lanterman Act, you understand that you may serve as a Board member for seven out of eight years; ACRC offers two, two-year terms and a three-year term.

You are welcome to submit a resume or additional statement as to your interest and qualifications in participating in the ACRC Board of Directors.

**Each statement I have provided to ACRC in this application and any accompanying documents and/or attachments is true and correct. I understand on submission of this signed application that this information is subject to verification; if a factual statement made by me is found to be inaccurate, and in the judgment of the ACRC Board it is material, it is a basis for immediate termination of my Board membership.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please read the following and initial your acknowledgment:**

The Centers for Medicare and Medicaid Services (CMS) is requiring regional centers to enroll as Medicaid (Medi-Cal) providers to maintain approximately 40 percent of the Department of Developmental Services' (Department) regional center budget attributed to federal funding. To meet the Medi-Cal provider enrollment requirements, ACRC needs to disclose the name, address, date of birth, and social security number of its board members. ACRC will ensure all confidential information is protected and handled securely. Individuals without Tax Identification Numbers (employer identification numbers or social security numbers) can still participate on a regional center board by following the procedure described on pages 28-29 of the CMS Medicaid Provider Enrollment Compendium, available at <https://www.medicaid.gov/sites/default/files/2019-12/mpec-7242018.pdf>

\_\_\_\_\_ I understand that as a Board member I will be required to provide my personal information so that ACRC remains a Medi-Cal Provider, as required by law.

As stated in Welfare and Institutions (W&I) Code §4626 and Title 17 of the California Code of Regulations (CCR) section 54500-54535, the conflict of interest (COI) reporting statement shall be completed by each regional center governing Board member who has decision-making or policymaking authority to obligate the regional center's resource. [Law section \(ca.gov\)](#)

\_\_\_\_\_ I understand that as a Board member I will submit my annual conflict of interest statements to the Department of Developmental Services and will complete a mitigation plan, if necessary.