

PAC Meetings

9:30AM- 11:30AM

Alta California Regional Center

2241 Harvard Street, Suite 100
Sacramento, CA 95815

Meetings are held in the Brenda Smith Conference Room at the Sacramento Office on the second Thursday of each month. Except for the month of August & December. Please check the agenda on our website, or call 916.978.6245 for more information.

Please Visit our Website!

www.altaregional.org/provider-advisory-committee-pac

**TOGETHER
WE CAN MAKE A
DIFFERENCE!**



Alta California
Regional Center

MISSION

Alta California Regional Center creates partnerships to support all eligible individuals with developmental disabilities, children at risk, and their families in choosing services families in choosing services and supports through individuals lifelong planning as a means to achieve healthy and productive lives in their own communities.

VISION

A community where individuals with developmental disabilities are valued members who are treated with dignity and respect.

PAC

Provider Advisory Committee

Alta California Regional Center
2241 Harvard Street, Suite 100
Sacramento, CA 95815

For more information, please contact
Lisa West, Executive Secretary to the
Board of Directors, at
916.978.6245
or at lwest@altaregional.org



Alta California
Regional Center

PAC
**PROVIDER ADVISORY
COMMITTEE**

The Provider Advisory Committee is mandated by the Lanterman Act 4622(1).

The Provider Advisory Committee shall provide advice, guidance, recommendations and technical assistance to 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 (Provider Advisory Committee) member, please fill out the application.

For PAC meeting schedule and agenda visit our website online.

ACRC'S PAC

APPLICATION FOR MEMBERSHIP

The following information will be received by the PAC Outreach Subcommittee. All application information will be held in strict confidence. If you have any questions, please contact **Lisa West at 916.978.6245**

First & Last Name _____
Contact Person _____
First & Last Name # 559.123.4567 _____
Vendor Name & Number _____
12345 Address ave. _____
Address _____
City, 12347 _____
City & Zip Code _____
123.456.7891 _____
Daytime Phone # _____
123.456.7891 _____
Cell Phone # _____
emailaddress@company.com _____
Email Address _____
www.webaddress.com _____
Website Address _____

Services Provided

- Day Services
 Residential
 Other _____

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 to 916.489.1857 the completed application to Lisa West, Executive Secretary to the Board of Directors.

Application good for one year

*** Membership will be considered after attending seven meetings in previous twelve months.**