

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)

(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**