

## PAC Meetings

9:30 – 11:30 a.m.

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

Meetings are held in the Board Room at the Sacramento Office on the **second Thursday of each month**. Please check the agenda on our website, or call (916) 978-6245 for more information.

Visit our website:

[www.altaregional.org](http://www.altaregional.org)

**TOGETHER  
WE CAN MAKE A  
DIFFERENCE!**

### Mission:

*Alta California Regional Center creates partnerships to support all eligible individuals with developmental disabilities, children at risk, and their families in choosing services and supports through individual 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

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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](mailto:lwest@altaregional.org)



**Alta California**  
Regional Center

**PAC**

**Provider Advisory  
Committee**



**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 subcommittee 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**

**\* Membership will be considered after attending seven out of ten meetings.**