

Region: _____

Date Completed: _____

Name of Nominee: _____

Date Nominee Voted on by RAC: _____

Name of RAC Chairperson / Designee Submitting Nomination: _____

Nominee will serve as a representative of the following:

Individual with intellectual/developmental disability.

Parent or family member of individual with intellectual/developmental disability living at home.

Parent or family member of an individual with intellectual/developmental disability living in a group/community home or in an apartment.

Parent or family member of an individual with intellectual/developmental disability living in a state operated/private developmental center.

Representative of advocacy organization: _____

Public Provider: _____

Private Provider (not-for-profit): _____

Please list any accommodations needed: _____
