

**San Andreas Regional Center Board of Directors  
Service Provider Advisory Committee**

**APPLICATION FOR MEMBERSHIP**

The Service Providers Advisory Committee (SPAC) is currently requesting applications from vendors of the San Andreas Regional Centers interested in serving on the committee. The Board of Directors and committee seek providers representing a variety of services in each regional center's four counties. SPAC meets at 10 a.m. on the fourth Wednesday of each month at San Andreas' Campbell office. All are welcome to attend. If you interested in joining this committee, please complete the application below and submit it to Carmen van Gastel at the San Andreas office in Campbell or mail it to the address at the bottom of this form. If you have any questions regarding SPAC, please call Rex Zimmerman, SPAC Chairperson, at (831) 345-5271

**Advisory Committees from the Lanterman Act**

**4622:** (i) The governing board shall appoint an advisory committee composed of a wide variety of persons representing the various categories of providers from which the regional center purchases client services. The 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. The advisory committee shall designate one of its members to serve as a member of the regional center board.

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Program/Facility \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

**Program/Facility Description (Check all that apply to your agency):**

<b>Type of Program</b>	<b>Number of Clients Served</b>
<input type="checkbox"/> Adult Development Center	_____
<input type="checkbox"/> Day Training and Activity Center	_____
<input type="checkbox"/> Independent Living	_____
<input type="checkbox"/> Intermediate Care (ICF/DD-N) (ICF/DD-H)	_____
<input type="checkbox"/> Residential Care Home (RCH)	_____
<input type="checkbox"/> Respite	_____
<input type="checkbox"/> Supported Employment	_____
<input type="checkbox"/> Supported Living	_____
<input type="checkbox"/> Transportation	_____
<input type="checkbox"/> Work Activity Program	_____
<input type="checkbox"/> Other: _____	_____

**Why do you want to serve on the Service Provider Advisory Committee?**

**Area(s) of Special Interests:**

Signature \_\_\_\_\_

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

*Please return to Chairperson, San Andreas Regional Center Board Development Committee,  
P. O. Box 50002, San Jose, CA 95150-0002*