



Interagency Coordinating Council on Early Intervention
1600 Ninth Street, Room 330, Sacramento, CA 95814
 (916) 654-1596 · FAX (916) 654-3255 · TDD 654-2054



COMMUNITY REPRESENTATIVE APPLICATION

Name:			
Address:			
Phone:		Fax:	
Email:			

Are you a parent of a child with special needs? If yes, how old is your child?

Yes

Age _____

Child's Date of Birth: _____

No

Provide a brief description of your background as it relates to early intervention.

Which committee would you be interested in serving on?

Family Resources and Supports

Public Awareness

Integrated Services and Health

Quality Service Delivery Systems

Any of the Above

How would the ICC benefit from you being added as a community representative?

Please submit application to:

Department of Developmental Services
 Patric Widmann, ICC Supervisor
 1600 9th Street, MS 3-8, Sacramento, CA 95814