



VALLEY MOUNTAIN REGIONAL CENTER
 Helping People with Developmental Disabilities Reach Their Maximum Potential

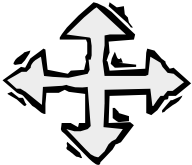
Who are the Valley Mountain Regional Center Consumer Advocates And what is their job?



*The **Self Advocacy Council 6** is the **VMRC Consumer Advocates!**
 The Consumer Advocate job is to help with the following:*



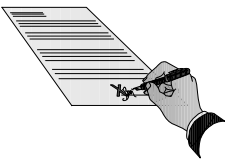
Ask people what services they need. Help people to find answers to their questions or problems.



Let VMRC know about issues and the problem. We Work together to fix it.



Make sure people always know we are here to help. Self Advocacy Council 6 has contracted with Valley Mountain Regional Center to help consumers and families in seeking solutions to issues. This means that SAC 6 is doing the duties of the Consumer Advocate position at VMRC.

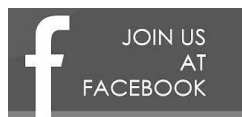
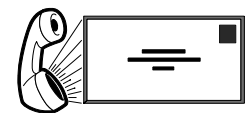


This also means you can call or send an Unmet need form (**located on the back of this**) to SAC 6 if you have any unmet needs or questions about the services you get from Valley Mountain Regional Center. We will do our best to help YOU speak up for yourself!

**THE POWER STARTS WITH YOU!!!
 CALL Or Email US!!**

(209) 594-1476 or toll free 1-888-960-2416

Email: council@sac6.org





Self Advocacy Council 6
702 N. Aurora Street
Stockton, CA 95202



Actual Office located at Valley Mountain Regional Center-Stockton Office

Phone: (209) 594-1476 or toll free 1-888-960-2416

E-mail council@sac6.org Website: www.sac6.org

**UNMET SERVICE NEEDS AND CONCERNS FORM
(PLEASE PRINT)**

Consumer Information

DATE _____

FIRST NAME _____ **LAST NAME** _____

ADDRESS _____

PHONE () _____ **BIRTHDATE** ____-____-____

SERVICE COORDINATOR _____ **PHONE ()** _____

PARENT'S INFORMATION IF UNDER AGE

PARENT'S NAME _____

PARENT'S ADDRESS (if not the same a child) _____

PHONE () _____

WHAT DO YOU NEED HELP WITH?

- IPP IEP Care Home Supported Living Day Program
- Transportation Service Coordinator OTHER

Comments: _____

Please sign here if it is **OK** for the Self Advocacy Council 6 member to share the information above with people that can help meet your needs. Signature of Consumer or Parent (if a minor or conserved adult)

_____ **DATE** _____