

Department of Children and Families
Region Four Advisory Council (RAC) – Membership Form

Name:	Home Address:	
	Telephone: (h)	(c)
	Email:	
Occupation (if applicable):		
Employer:		
Address:		
Work No.:	Fax No.:	Email:
Do you provide services to families and children in Region 4? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a representative of an organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	If “Yes”, name of the organization:	
Are you the legal guardian or parent of a child receiving DCF services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are you a foster parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In order to assure reflectiveness of the RAC to the community it serves, please indicate your race/ethnicity:		
<input type="checkbox"/> Black/African American <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> White/Caucasian` <input type="checkbox"/> Other: <i>(Please indicate)</i>		

Please explain your interest in supporting the betterment of children and families or supporting children services and what committee you would like to be a part of:		
Please list other boards in which you are a member:		<u>How were you referred to RAC?</u>
1.		
2.		
3.		
To be completed by Membership committee: voting member <input type="checkbox"/> participating member <input type="checkbox"/>		