

## Independent Facilitator Biography Form

1. **Name:** Loren Glover

2. **Phone Number(s)**

a. Work: (313) 831-0202

b. Cell: (313) 478-0302

3. **Email Address:** lorenglover@gmail.com

4. **Organizational Membership or Affiliations:** The Arc  
Detroit

5. **Specific areas of expertise:** Community living, Self-determination, Navigation of  
Services

6. **What unique attributes do you bring to your role as an independent facilitator?**

I have worked on both sides of the mental health service system as a case manager and a systems navigator. I have also worked on both sides of the special education system as an Individualized Education Plan provider and advocate.

7. **Why do you want to serve as an Independent Facilitator?**

I want to make sure people live up to their full potential and see their dreams, goals and desires become reality.

8. **Accommodations**

a. Are you fluent in languages other than English?  YES  NO

b. Please identify other available accommodations.

c. Do you need any accommodations to facilitate your role as a Facilitator?  
 YES  NO

9. **Times of day and geographic locations for which you are available to facilitate:**

8:00 am-8:00 pm in Wayne County, Detroit, Highland Park, or Hamtramck

**Michigan Developmental Disabilities Institute, Wayne State University**

**Independent Facilitator Level of Competency: I (Trained)**

Level 1: Independent Facilitator has completed the Independent Facilitator training provided by the Michigan Developmental Disabilities Institute, Wayne State University.

