

Independent Facilitator Biography Form

1. **Name:** Jamie Junior

2. **Phone Number**

Cell: 313.213.6747

3. **Email Address:** jamiejunior@outlook.com

4. **Organizational Membership or Affiliations:**

Detroit Wayne Mental Health Authority, Self-Advocates Becoming Empowered, Michigan Developmental Disabilities Institute LEND trainee



5. **Specific areas of expertise:** Financial well-being coach, Community Living and Self-Advocate

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

Life experiences both as a person with a disability and a parent of a child with a disability

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

To assist others in living a full and satisfying life, achieve their goals, and to feel supported

8. **Accommodations**

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

b. Please identify other available accommodations: Recordings and note taking and video conferencing

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

If yes, please specify: barrier free facilities

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

Wednesday and Fridays from 9:00 am-5:00 pm

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.