

## Independent Facilitator Biography Form

1. **Name:** Ranitah Payne

2. **Phone Number**

a. Cell: (313) 877-3545

3. **Email Address:** [ranitahpayne@gmail.com](mailto:ranitahpayne@gmail.com)

4. **Organizational Affiliations:** None

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

To assist those that request assistance with everyday living.

6. **Accommodations**

a. Are you fluent in languages other than English? No

b. Do you require any accommodations? No

7. **What times and geographic areas are you available to facilitate?**

Wayne, Oakland counties



**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.