



County of Santa Cruz

BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 500, SANTA CRUZ, CA 95060-4069
 (831) 454-2200 FAX: (831) 454-3262 TDD: (831) 454-2123

JANET K. BEAUTZ
 FIRST DISTRICT

WALTER J. SYMONS
 SECOND DISTRICT

MARDI WORMHOUDT
 THIRD DISTRICT

TONY CAMPOS
 FOURTH DISTRICT

JEFF ALMQUIST
 FIFTH DISTRICT

AGENDA: 6/20/00

June 13, 2000

BOARD OF SUPERVISORS
 County of Santa Cruz
 701 Ocean Street
 Santa Cruz, CA 95060

RE: AT-LARGE APPOINTMENTS TO IN-HOME
 SUPPORTIVE SERVICES ADVISORY COMMITTEE

Dear Members of the Board:

In accordance with Resolution No. 87-2000, I recommend the appointment of the following persons to the In-Home Supportive Services Advisory Committee, as at-large representatives in the categories indicated, for terms to expire March 21, 2002:

Consumer - Contract Mode

Patrice LaFollette
 609 Frederick Street, #146
 Santa Cruz, CA 95062
 469-7285

Provider - Independent Provider Mode

Sherry Sibley
 99 Chestnut Street, #148
 Santa Cruz, CA 95060
 471-0948 (H)
 687-6265 (B)

Sincerely,

MARDI WORMHOUDT, Supervisor
 Third District

MW:ted

cc: Patrice LaFollette
 Sherry Sibley
 Human Resources Agency

2081A3

recd
5/12/200

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

0090

INSTRUCTIONS

If you are interested in serving on a County Advisory Body please complete the following application and return it to the Board of Supervisors, 701 Ocean St., Room 500, Santa Cruz, California. If you are interested in being considered for more than one advisory body a separate application should be submitted for each appointment you are seeking.

Upon receipt, your application for appointment will be routed to each Board member and then filed for further consideration by Board members when there is a vacancy on the advisory body. If a Supervisor is interested in nominating you for appointment, the Supervisor will contact you and discuss the appointment, the appointment process, and requirements for the advisory body in question.

Please specify below the Commission/Committee or Board to which you are seeking appointment and provide the requested information.

Thank you for your interest in County Government.

COMMISSION, COMMITTEE or BOARD

29th Ad Advisory Committee

Name

Proposed Care Consumer
Sabine LaFollette

Address

609 Frederick St #146
Santa Cruz Ca 95062

Phone

(Home)

831-469-7285

(Business)

Supervisorial District

Santa Cruz County

Length of Residence in Area

12 years

Age

(Optional)

Circle one:

Under 21

21-30

31-40

Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

Advisory Body

Term

None

EDUCATION

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
UCSC	Alcohol+Drug Counselor	Certificate	1976
	Teaching credential	High School District Adult Ed.	1979

WORK/VOLUNTEER EXPERIENCE

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
Family Services Santa Cruz		Senior Outreach	1988
Monterey Co Aids Project		Companion	1989-90
Necessities More San Jose Co		Counselor	1986-89

STATEMENT OF QUALIFICATIONS

Please attach a brief statement indicating why you are interested in serving on the advisory body in question and why you are qualified for the appointment.

CERTIFICATION

I certify that the above information is true and correct and I authorize the verification of the information in the application in the event I am a finalist for the appointment.

Patricia LaPallette

Signature

5- -000

Date

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

0092

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Please specify below the Commission/Committee or Board to which you are seeking appointment and provide the requested information.

Thank you for your interest in County Government.

COMMISSION, COMMITTEE or BOARD

LHSS Advisory Committee
LHSS Pruder - IP

Name

Sherry Sibley

Address

99 Chestnut Street # 148

Santa Cruz, CA 95060

Phone

(Home)

(831) 471-0948

(Business)

(831) 687-6265 um/p

Supervisory District

District 3

Length of Residence in Area

four years

Age

(Optional)

Circle one:

Under 21

21-30

31-40

Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

Advisory Body

Term

EDUCATION

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
John North Highschool	General	Diploma	1992

WORK/VOLUNTEER EXPERIENCE

continuation
5

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
IASS	1400 Emeline Avenue	Provider	03-98 - continuing
Alex Hall (consumer)	99 Chestnut St #148		"

STATEMENT OF QUALIFICATIONS

Please attach a brief statement indicating why you are interested in serving on the advisory body in question and why you are qualified for the appointment.

CERTIFICATION

I certify that the above information is true and correct and I authorize the verification of the information in the application in the event I am a finalist for the appointment.

Shery S. J.

Signature

05-05-00

Date

99 Chestnut Street #148
Santa Cruz, CA 95060
M a y 5, 2000

Ms. Elizabeth W. Caswell, SA 12
Human Resources Agency
PO Box 1320
Santa Cruz, CA 95061

Dear Ms. Caldwell,

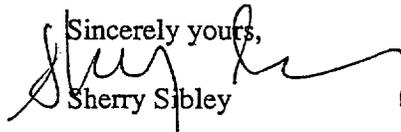
I am applying for the IHSS Advisory Committee, as an IHSS Provider. I have cared for Alex Hall since his accident, September 2, 1997. In March of 1998, I was placed on the IHSS Payroll. I provide care for Alex because he is a long time friend and his health matters very much to me.

I cared for Alex while he was rehabilitating at Santa Clara Valley Medical Center and received training there so that I could care for him at home. I arranged his housing, coordinated his reentry into the University system I advocate for him in his medical care, in all aspects, from insurance to appropriate treatments to monthly shipments of medical equipment. I have fought every battle that has stemmed from his injury, from as small as buses that refuse to stop, to nurses that refuse to answer call buttons when he was hospitalized.

I am interested in serving on the committee because I need to be sure that our needs will be met. In order to function, Alex requires a care provider. I need to make sure that I can be that provider or that someone equally compassionate and qualified can serve in my place. As the situation currently stands, that someone doesn't exist. I have not had a day off since September 2, 1997.

I am uniquely qualified for the IHSS Committee because I understand the pressures of caring for a family member. I will never be able to pursue another job with better pay or benefits because there is no one else who can care for Alex as well as I do. If I were to not care for him, his quality of life would suffer. Many people who work under the independent provider system are family members who have been trained to care for their loved ones, often complicated care conditions, involving far more than a weekly house cleaning or shopping trips. Without the care of the family, these individuals would be placed in skilled nursing facilities, to the detriment of the patient and at great cost to the state.

If you have any questions or you would like to schedule an interview, you may write to me at the above address or telephone me at (831) 471-0948 h or (831) 687-6265.

Sincerely yours,

Sherry Sibley

Encl application