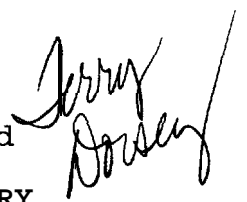


COUNTY OF SANTA CRUZ  
Inter-Office Correspondence

DATE: June 21, 2000  
 TO: Board Members  
 FROM: Terry Dorsey, Administrative Assistant to the Board  
 RE: APPOINTMENTS TO IN-HOME SUPPORTIVE SERVICES ADVISORY COMMITTEE




---

This memo will serve as an overview of the nominations which have been submitted by various members of the Board for the appointment of 11 at-large members to the In-Home Supportive Services Advisory Committee. The following list indicates the categories of representation on the Committee, the nominees submitted, and the Supervisor making the nomination:

- a. Three representatives of existing County advisory bodies, one each from the Seniors Commission, the Commission on Disabilities and the Long Term Care Interagency Commission.
  1. Seniors Commission - Priscilla Lowenstein
  2. Commission on Disabilities - Victor Everlove
  3. Long Term Care Interagency Commission - Marian Wood

Chair Wormhoudt has forwarded these nominations on behalf of the Commissions
- b. Six current or past users of personal assistance services paid for through public or private funds (including representatives from the Independent Provider Mode and from the Contract Mode).
  1. Michael Molesky - nominated by Supervisor Almquist
  2. S. René Bettencourt - nominated by Supervisor Almquist
  3. Sandra Seeger - nominated by Supervisor Beautz
  4. Christopher Jordan - nominated by Supervisor Almquist
  5. Patrice LaFollette - nominated by Supervisor Wormhoudt
  6. Rae Ellen Leonard - nominated by Supervisor Beautz



# County of Santa Cruz

0561

## 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 15, 2000

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

RE: AT-LARGE APPOINTMENT 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 person to the In-Home Supportive Services Advisory Committee, as at-large representative in the category indicated, for a term to expire March 21, 2002:

Provider - Contract Mode

Anatalia Avila  
610 Lincoln Street  
Watsonville, CA 95076  
722-6169 (H)

Sincerely yours,

*Tony Campos Htd*  
TONY CAMPOS, Supervisor  
Fourth District

TC:ted

cc: Anatalia Avila  
Human Resources Agency

2086A4

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

0562

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 Am applying for the Pitt-S.S. Advisory Committee

Name Anatalia Avila

Address 610 Lincoln St.  
Watsonville CA 95076

Phone (Home) (831) 722-6169

(Business) \_\_\_\_\_

Supervisorial District 4th District

Length of Residence in Area 41 years

Age (Optional) Circle one: Under 21  
21-30  
31-40  
Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

<u>Advisory Body</u>	<u>Term</u>
<u>In Home Support Service</u>	<u>1 1/2 years serving</u>
_____	_____
_____	_____
_____	_____

EDUCATION

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
Cabrillo College	E.C.E.	A.S.	1977
S.T.S.U.	Education	B.A.	1980

WORK/VOLUNTEER EXPERIENCE

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
ST. Francis Youth Ctr	E. Lake	Volunteer Secretary	1969-90
Assuncion Church	Salinas Rd	Volunteer Committee Secretary, Pastoral	1990-92
ST. Patrick Church	Main St	International Festival	1994-000
Education Director	Y W CA E. Beach	Teacher/Director	1991-94
Buena Vista child care	Buena Vista	Teacher	1976-78
Address Health care Services Santa Cruz from 1985-2000 Home care provider			

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.

I always offer myself for anything I can do for people

CERTIFICATION I am very much concern about services for all people who need services I want to offer to them and respect dignity they deserve

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.

I was  
invite  
for this

Arantxa Avila

Signature

4/14/08

Date



# County of Santa Cruz

~~0107~~

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## 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 - Independent Provider Mode

Sandra Seeger  
111 Alamo Avenue  
Santa Cruz, CA 95060  
429-1243 (H)

Consumer - Contract Mode

Rae Ellen Leonard  
142 Belmont Street, #2  
Santa Cruz, CA 95060  
458-4138 (H)

Sincerely,

  
JANET K. BEAUTZ, Supervisor  
First District

JKB:ted

cc: Sandra Seeger  
Rae Ellen Leonard  
Human Resources Agency

June 21, 2000  
Page 2

- c. Two providers of IHSS, one from the Independent Provider Mode and one from the Contract Mode.
  - 1. Independent Provider Mode - Sherry Sibley, nominated by Supervisor Wormhoudt
  - 2. Contract Mode - Anatalia Avila, nominated by Supervisor Campos

If the nominations outlined above are approved by the Board, the membership of this Committee will be complete.

/ted

2101A6

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

0565

~~0100~~

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 EHSS Advisory Board

Name Sandra Saeger

Address 111 Alamo Ave  
Santa Cruz CA 95060

Phone (Home) 831-429-1243

(Business) disabled

Supervisorial District \_\_\_\_\_

Length of Residence in Area 15 years

Age (Optional) Circle one: Under 21  
21-30  
31-40  
Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

<u>Advisory Body</u>	<u>Term</u>
_____	_____
_____	_____
_____	_____
_____	_____

EDUCATION

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
Cabrillo College	undeclared		current
Livermore Acupuncture Center	Acupuncturist Intern		1987-'90
Five Branches Institute	Acupuncture		1984-'87

WORK/VOLUNTEER EXPERIENCE

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
Secretary	Youth Music Program		1992
Tutor	High School	organizer	1986-1989
Ayso		coach	1992
Ayso		Team manager	1986-1992

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.

Sandra Saiz  
Signature

5.4.00  
Date

I have been a recipient of IHSS in some compasity since 1990. I understand many of the difficulties of the disabled and the importance of quality workers trained workers in the IHSS.



APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

0110

0567

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 HHS

Name Rae Jean Leonard

Address 142 Belmont St. #2  
S.C., Ca. 95060

Phone (Home) (813) 458-4138  
(Business) \_\_\_\_\_

Supervisory District \_\_\_\_\_

Length of Residence in Area 11 years

Age (Optional) Circle one: Under 21  
21-30  
31-40  
Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

<u>Advisory Body</u>	<u>Term</u>
<u>Housing Authority</u>	<u>Jan. - March 2000</u>
_____	_____
_____	_____
_____	_____

EDUCATION

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
The Bayan H.S.	academia	H.S diploma	1969
YSA	Psychology	4 yrs	

WORK/VOLUNTEER EXPERIENCE

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
St. Francis Supt. Center	205 Maza St.	S.C.	1987-1999
St. Vincent de Paul	126 High St.	S.C.	1989-2000
Birthright of A.C.	549 Fredrick St.		1991-2000

STATEMENT OF QUALIFICATIONS

I would like to be a voice for the disabled in S.C.

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.

*D Leonard*

Signature

4.12.00

Date

APR 2000  
REC'D  
Office of  
Supervisors



# 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

0570

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

0020

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 Reynold Caro Consumer  
Satrice LaFollette

Address 609 Frederick St # 146  
Santa Cruz Ca 95062

Phone (Home) 831-469-7285

(Business)

Supervisory 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)

<u>Advisory Body</u>	<u>Term</u>
<u>None</u>	

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

572  
MAY 08 2000

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

~~0092~~

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

IHSS Advisory Committee  
IHSS Provider - IP

Name

Sherry Sibley

Address

99 Chestnut Street #148  
Santa Cruz, CA 95060

Phone

(Home)

(831) 471-0948

(Business)

(831) 687-6265 um/p

Supervisorial 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

<u>Advisory Body</u>	<u>Term</u>
_____	_____
_____	_____
_____	_____
_____	_____

EDUCATION

0573

~~0093~~

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

WORK/VOLUNTEER EXPERIENCE

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

continuation  
5

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.

Steve S  
Signature

05-05-00  
Date

99 Chestnut Street #148  
Santa Cruz, CA 95060  
May 5, 2000

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

Dear Ms. Caldwell,

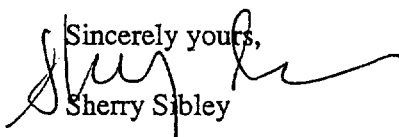
I am applying for the MSS Advisory Committee, as an IHSS Provider. I have cared for Alex Hall since his accident, September 2, 1997. In March of 1998, I was placed on the IHSS Payroll. I provide care for Alex because he is, a long time friend and his health matters very much to me. .

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 (83 1) 471-0948 h or (831)687-6265.

Sincerely yours,  
  
Sherry Sibley

Encl application



# County of Santa Cruz ~~0075~~



## 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 - Independent Provider Mode

Michael Molesky  
 1440 Jose Avenue, #315  
 Santa Cruz, CA 95062  
 476-9770 (H)

Consumer - Independent Provider Mode

S. René Bettencourt  
 5063 Wilder Drive  
 Soquel, CA 95073  
 462-1203 (H)

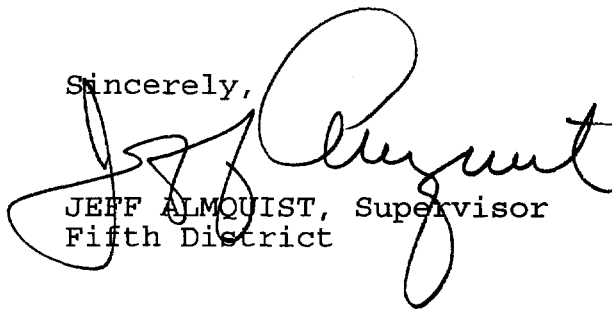
BOARD OF SUPERVISORS  
June 13, 2000  
Page 2

0576

Consumer - Contract Mode

Christopher Jordan  
890 West Cliff Drive, #11  
Santa Cruz, CA 95060  
469-0543 (H)

Sincerely,

A handwritten signature in black ink, appearing to read "Jeff Almquist". The signature is fluid and cursive, with a large loop at the end of the last name.

JEFF ALMQUIST, Supervisor  
Fifth District

JA:ted

cc: Michael Molesky  
S. René Bettencourt  
Christopher Jordan  
Human Resources Agency

2082A5

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY 0577

0077

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

IHS ADVISORY COMMITTEE

Name

MICHAEL MOLESKY

Address

1440 JOSE AVE #315  
SANTACRUZ, CA 95062

Phone

(Home)

476-9770

(Business)

Supervisory District

1ST

Length of Residence in Area

16 yrs

Age

(Optional)

Circle one:

Under 21

21-30

31-40

Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

Advisory Body

Term

Public Authority Adv. Com chair

Full

MANAGED CARE COMMISSION

Current

LONG TERM CARE INTEGRATION PILOT PROJECT Services Co chair

ED-TAC

CURRENT

IHS WORKGROUP (LIC. Sub Com)

EDUCATION

0578

~~0078~~

Institution

Major

Degree

Year

*on file*

WORK/VOLUNTEER EXPERIENCE

Organization

Address

Position

Year

*on file*

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.

*Mike M. Kelly*

Signature

*4/12/00*

Date



APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

0579

~~0070~~

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

IHSS Advisory Committee

Name

P.C. Consumer  
G. Rene Bettencourt

Address

5063 Wilder Dr  
Soquel, CA 95073

Phone

(Home)

831-462-1203

(Business)

A

Supervisorial District

Length of Residence in Area

26 yrs.

Age

(Optional)

Circle one:

Under 21

21-30

31-40

Over 40

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

Advisory Body

Term

none  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION

0080

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
High School	Some	Colledge	

WORK/VOLUNTEER EXPERIENCE

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
C.C. IL	Santa Cruz, CA	Volunteer	80's 90's
1395 4/1st Avenue	Capitola 95010	83-462-8720	

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.

G. Reina Bettencort

4/15/00

Signature

Date

↳ I use IHSS services, things need to change.

To: Elizabeth Caswell SA12  
Human Resource Agency

S. René Bettencourt  
5063 Wilder Dr.  
Soquel, CA. 95073  
831/462-1203

STATEMENT OF QUALIFICATIONS

I'm interested in serving as an adviser for IHSS because I am a disabled woman with MS that has used IHSS and "Contract" workers for 9 years in Santa Cruz, Co.. I have seen, heard and experienced every aspect for both Agencies. I have suggestions for change which would hopefully bring improvements.

APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY

INSTRUCTIONS

0582

~~0002~~

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 HSS Advisory Committee

Name

Christopher R. Jordan  
PERSONAL CARE CONSUMER

Address

890 West Cliff Drive # 11  
Santa Cruz, CA 95060

Phone

(Home)

831 4690543

(Business)

SAME

Supervisory District

25 years (1975-2000)

Length of Residence in Area

Life - since 1952

Age

(Optional)

Circle one:

Under 21

21-30

31-40

Over 40

47 yrs 6 mos

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

Advisory Body

Term

Accessibility Committee 4 mos.

Metropolitan (Accessible Transit Committee) 1 year



EDUCATION

0583<sup>4</sup>

~~0083~~

<u>Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Year</u>
Cabrillo College	General	NO	'76-'77
ROP Trade School	Auto Specialist	YES	'74
College of San Mateo	General	NO	'73
Cabrillo College (before disabled)		NO	'70
S.C.H.S.	None	YES	'66-'70

WORK/VOLUNTEER EXPERIENCE

<u>Organization</u>	<u>Address</u>	<u>Position</u>	<u>Year</u>
MASTF	walnut st	Advisory	'97-'98
Accessibility (CITY)	CITY HALL	Advisory	'94

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.

Christopher Jordan  
Signature

Apr. 10, 2000  
Date

April 10, 2000

I have been an IHSS recipient-from the late 1970s. My "experience" of dealing with varied amounts of service, attitudes and or cheerfulness of helping people, may assist me to advise operation of this service.

I believe I am qualified by self taught patience, good cheer, knowledge of physical capabilities (or lack of same) due to my own personal experiences and abilities..

I am interested in this position since I admittedly stick my nose in many decisions, and this advisory board seems to be of great benefit to me, and hopefully, other people.

Sincerely,

A handwritten signature in cursive script that reads "Chris Jordan".

Christopher R. Jordan