

BOARD OF SUPERVISORS

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County Administrator
BIRGETTA CORSELLO
(707) 421-6100
Fax (707) 421-7975

675 Texas Street
Fairfield, California 94533-6378
<http://www.co.solano.ca.us>

ANNOUNCEMENT

INVITATION TO PARTICIPATE IN AN IN-HOME SUPPORTIVE SERVICES ADVISORY COMMITTEE (IHSS)

Solano County would like to invite you to participate in the improvement and oversight of the IHSS and Public Authority programs. The Solano County IHSS Public Authority Advisory Committee is looking for new members.

The Public Authority Advisory Committee reviews the activity of the Public Authority in managing its Registry of Providers, the training offered to Providers and Recipients of IHSS, and other responsibilities related to the operation of IHSS. The Committee makes recommendations and reports to the Board of Supervisors on improvement efforts and opportunities for the IHSS program.

Member costs to attend meetings are covered by a \$100 stipend for each meeting attended. Advisory Committee members meet on the third Monday of every odd month at 2:00pm in Fairfield. Please note that if you are selected to serve on the Advisory Committee, you will be required to complete and file a statement of economic interest.

As we all saw with the State budget this year, the IHSS services can be seriously affected if concerned participants do not stay involved and vocal. If you have questions, please call Teri Ruggiero at (707)784-8803. If you would like to become a member of the Advisory Committee, which is the official voice of IHSS, please return the enclosed application to:

Teri Ruggiero
Public Authority Administrator
Solano County IHSS Public Authority
275 Beck Avenue, MS 5-190, Fairfield, CA 94533

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**IN-HOME SUPPORTIVE SERVICES ADVISORY COMMITTEE
APPLICATION FOR APPOINTMENT**

Type or Print Name: _____

Residence Address: _____

Supervisory District, if known: _____

Mailing Address (if different than above):

Please check one for your age group: 64 years or younger 65 years or older

Please complete all contact information that applies below:

Home phone # _____ Email address: _____

Work phone # _____ Other: _____

Fax # _____ _____

Please answer the following questions:

1. When are you able to attend meetings?

Days – please list which days _____

Evenings – please list which days _____

2. Are you a current or past user of personal care services? Yes No

If yes, how did you hire your caregiver? _____

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(707) 553-5364
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(707) 421-6129
Michael Reagan (Dist. 5), Chairman
(707) 784-6130



County Administrator
MICHAEL D. JOHNSON
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3. Please list any boards/committees/organizations that you are affiliated with or have served on in the past:

4. Please list at least two references:

5. Please describe why you wish to serve on this Advisory Committee? In your response, please include any employment, education and experience that you have that relates to the elderly and/or disabled population that demonstrates your knowledge and awareness of people receiving personal care services. If necessary, please attach additional pages.
