



**El Dorado County
In-Home Supportive Services
Advisory Committee**

**Placerville Senior Center
937 Spring Street
Placerville, CA 95667
Phone: (530) 621-6384
Fax: (530) 295-2598**

In-Home Supportive Services (IHSS) Advisory Committee Membership Application

Name: Myrna jean Glick

Mailing Address: _____

Physical Address (if different): _____

Phone Number: Day _____ Evening _____

Email Address: _____

Please check all categories that apply to you:

- I am a current or past user of home care services.
- I provide home care services to a family member.
- I provide home care services to someone who is not a family member.
- I am a representative of a community based organization or public agency.

If additional space is needed to provide requested information, please attach additional sheets.

1. Why are you interested in being on the IHSS Advisory Committee?

I have always believed that the best environment for an individual who needs assistance is within the comforts of his/her own home.
As I am now retired, I have the desire and time to offer my services to further this valuable endeavor in our community.

(OVER)

2. What other kinds of community groups do you belong to now or in the past?

Pioneer Park Exercise Group
American River Trail Patrol
Folsom Lake Trail Patrol
Eldorado County Computer Users Group

3. What life or work experiences will help you in serving on this committee?

At my retirement I was serving as Nursing Supervisor for Sacramento County IHSS PHN's who made home visits and case managed the recipients of IHSS. I developed and organized the first Pediatric IHSS Unit in Sacramento County.

Subsequent to my retirement I worked for a period of time in a PHN capacity for Snowline Hospice of Eldorado County.

4. List any additional skills or qualifications that would be valuable to this committee:

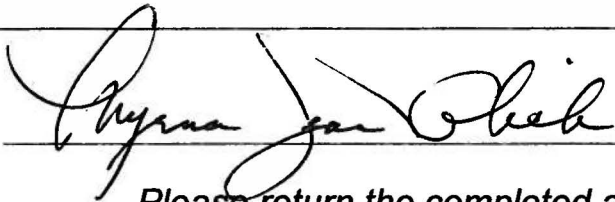
Bachelor of Science in Nursing from Chico State

Bachelor of Arts in English from Alfred University, New York State

retired RN and PHN in the State of California with over 30 years nursing experience

wife, mother and daughter--have cared for husband, child, and Mother in the home when the need arose

Signature: _____



Date: _____

07/12/2014

Please return the completed application to:

IHSS Public Authority Office

937 Spring St

Placerville, CA 95667