

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: ROGER LANZINI
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E
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?

(OVER)

2. What other kinds of community groups do you belong to now or in the past?	
Been on Committe since 2007	
Been on Committe since 2007 Now Secretary for committee	
3. What life or work experiences will help you in serving on this committee?	
Have talien care of family members in need.	
4. List any additional skills or qualifications that would be valuable to this committee:	3
Teaelier,	
Signature: Roger Sanzini Date: 1-38-13	
Please return the completed application to: IHSS Public Authority Office	
937 Spring St Placerville, CA 95667	



El Dorado County In-Home Supportive Services Advisory Committee

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Name: Lyle Azevedo
Mailing .
Physica
Phone N
Email Ad
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 want to make a difference.

M.O.R.E. Client Officer-corrently Vice President Previously Prosident a Ambassathor for MORE
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3 What life or work experiences will help you in coming on this according to
3. What life or work experiences will help you in serving on this committee?
and I am vice president of peoples first
I have received support services my whole life as I an in a wheel chair and need physical assistance
4. List any additional skills or qualifications that would be valuable to this committee:
. I speak up for my Rights.
I participate in Moles Access Ability Committee reviousing different businesses to evaluate for a person in a we
for accessibility Also I have done presentation to a variety of audiences as to how a person in a w/c wonts to be treated
Signature: Date:
Please return the completed application to: IHSS Public Authority Office 937 Spring Street

Placerville, CA 95667

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

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