



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

Name: LINDA feigley

Mailing Address: _____ + H PLACERVILLE CA 95667

Physical Address (if _____)

Phone Number: Day (_____) Evening (_____)

Email Address: none

Please check all categories that apply to you:

- I am a current or past user of home care services. *not yet!*
 - 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. *yes. People's First & Action Club*
- 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 would like to qualify for services with the IHSS program. My Alta worker is checking into for me. I am interested in the program helping other people in community.

(OVER)

Revised 09/09

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

I have been a member in People's First for over 25 yrs. I have been a past President of our chapter. I belong to Aktion Club. I have been a president of our club in the past. I now hold the "long term" board member position.

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

In past years my work history involved working at Gold Country & Best Western Hotels.
Also, as a board member, I have interviewed different people who have been applying to work at MORE.

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

I could advocate for people who need this service. My staff says I am their secretary because I remember dates and times. They say I am like their "day planner."

Signature: Inda Jewisy Date: 2/3/17

Please return the completed application to:
IHSS Public Authority Office
937 Spring St
Placerville, CA 95667

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